

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V70281

1. Entity Name

A HOLISTIC TOUCH, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90061 014 ***150.00

Principal Place of Business

7800 RED ROAD
STE 300
NO MIAMI BEACH FL 33149
US

Mailing Address

1770 NE 191ST ST.
STE 607
NO MIAMI BEACH FL 33179-4219
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0363873

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANCISCO, JOSE M.
757 N.W. 27TH AVE.
MIAMI FL 33125

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LIEUW-KIE-SONG, JOAN**
CITY-ST-ZIP **1770 NE 191 ST #607**
N MIAMI BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05-8-2000-305-940-9866

CR2E034 (9/99)

170281
AUG 66785

Miami, 05 -08-.2000

Too whom it may concern,

My name is Joan Lieuw Kie Song; I am the owner of A Holistic Touch, Inc.

I have not been able to mail the check to the Department of State on time this year due to dead in my family. I was out of town for one month. Most of the time I mail the check three weeks before, but because of the nature of my leaving, I totally forgot, came back yesterday evening, and saw that it was not mailed out yet. This morning I called your office and spoke to a Gentle man from your offices, who told me to write a letter with my payment, explaining why I did not send it on time.

Hoping that the death of my Grandmother can be taken in consideration.

I thank you for know.

Sincerely

Joan Lieuw Kie Song