FILED
Jun 13, 2002 8:00 am
Secretary of State

05-14-2002 90335 045 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004812 ✓

1. Entity Name

MEETA FREEDOM COUNSELING CENTER, INC

35290

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
209 NE 95th STREET
Suite, Apt. #, etc.
ONE
City & State
MIAMI SHORES, FLORIDA
Zip 33138
Country USA

3. Mailing Address
209 NE 95th STREET
Suite, Apt. #, etc.
ONE
City & State
MIAMI SHORES, FLORIDA
Zip 33138
Country USA

4. FEI Number
65-1025054
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name
GABRIEL ALEXIS, ESQ
Street Address (P.O. Box Number is Not Acceptable)
4715 NW 58th AVENUE
City
CORAL SPRINGS FLORIDA 33067
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 Gabrielle Alexis
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
4/29/2002
DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	EVENETTE MONDESIR
STREET ADDRESS	14201 SW 41st STREET
CITY-ST-ZIP	MIRAMAR, FLORIDA 33027
TITLE	VICE PRESIDENT
NAME	GABRIELLE ALEXIS
STREET ADDRESS	4715 NW 58th AVENUE
CITY-ST-ZIP	CORAL SPRINGS, FLORIDA 33067
TITLE	SECRETARY
NAME	EBERNST ALEXANDRE
STREET ADDRESS	4715 NW 58th AVENUE
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	TREASURER
NAME	PAHOUNITON AGAMA
STREET ADDRESS	14201 SW 41st STREET
CITY-ST-ZIP	MIRAMAR, FLORIDA 33027
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Gabrielle Alexis GABRIELLE ALEXIS 4/29/2002 (305) 751-0447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #