FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90071 020 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

659730

DOCUMENT # P01000031449

1. Entity Name ✓
Meet Diane Inc
2601 S Course Dr Bldg 23 Unit 211
Pompano Beach FL 33069

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2601 S Course Dr	2601 S Course Dr
Suite, Apt. #, etc. Bldg 23 Unit 211	Suite, Apt. #, etc. Bldg 23 Unit 211
City & State Pompano Beach FL	City & State Pompano Beach, FL
Zip 33069 Country U.S.	Zip 33069 Country U.S.

4. FEI Number 65-1108948 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Stuart Socol

Street Address (P.O. Box Number is Not Acceptable) 2810 W Dixie Highway

City N.M.B. FL Zip Code 33180

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 _____ 4/29/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Diane Summett 2601 South Course Dr Bldg 23 Unit 211 Pompano Beach, FL 33069	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Diane L Summett 4-29-02 954-974-1404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #