

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-15-2002 90071 020 ***150.00

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

659730

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

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

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

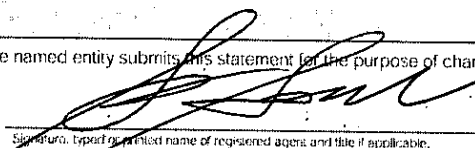
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent

Name
Stuart Socol
Street Address (P.O. Box Number is Not Acceptable)
20810 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 resigning) 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
President
NAME
Diane Sammett
STREET ADDRESS
2601 South Course Dr Bldg 23 Unit 211
CITY-ST-ZIP
Pompano Beach, FL 33069

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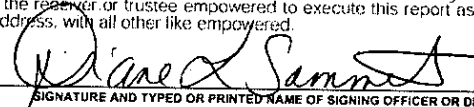
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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:  **4-29-02 991-974-1404**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)