

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90177 024 ***150.00

DOCUMENT # P01000076086

1. Entity Name
 DMI MEETINGS, INC.

Principal Place of Business
 2105 SPRING HARBOR DRIVE
 SUITE I
 DELRAY BEACH FL 33445

Mailing Address
 2105 SPRING HARBOR DRIVE
 SUITE I
 DELRAY BEACH FL 33445



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2105 SPRING HARBOR DR

3. Mailing Address

2105 SPRING HARBOR DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE I

SUITE I

City & State
DELRAY BEACH, FLCity & State
DELRAY BEACH, FL

Zip

Zip

Country

Country

33445

USA

33445

USA

4. FEI Number

05-1130527

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUPONT, COLLEEN
 2105 SPRING HARBOR DRIVE
 SUITE I
 DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name

Colleen Dupont

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

2105 SPRING HARBOR DRIVE

SUITE I

City

DELRAY BEACH

FL

Zip Code

33445

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, name 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, 2002 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

TITLE P
 NAME DUPONT, COLLEEN ☒ Delete
 STREET ADDRESS 2105 SPRING HARBOR DRIVE, SUITE I
 CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE BOARD MEMBER ☐ Change ☒ Addition
 NAME PARVIN JOSEPH JOHNSON JR.
 STREET ADDRESS 3451 NORTH MERIDIAN AVENUE
 CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE PRESIDENT ☐ Change ☒ Addition
 NAME ANTOINE DUPONT
 STREET ADDRESS 2105 Spring Harbor Dr. STE I
 CITY-ST-ZIP Delray Beach, FL 33445

TITLE VICE PRESIDENT/SEC/TREAS ☒ Change ☐ Addition
 NAME COLLEEN DUPONT
 STREET ADDRESS 2105 SPRING HARBOR DR. STE I
 CITY-ST-ZIP Delray Beach, FL 33445

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 #

Colleen Dupont 3/11/02 561-330-3292

CR2E034 (9/01)