

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

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90082 030 ***150.00

DOCUMENT # *P95000077 285*

1. Entity Name

Meeting Point, Inc.

DO NOT WRITE IN THIS SPACE

B0093320

2. Principal Place of Business

600 Three Islands Blvd.

Suite, Apt. #, etc.

313

3. Mailing Address

600 Three Islands Blvd

Suite, Apt. #, etc.

313

City & State

HALLANDALE BEACH, FL

Zip

33009

Country

U.S.A.

City & State

HALLANDALE, FLORIDA

Zip

33009

Country

U.S.A

4. FEI Number

65-0616870

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

PATRICIA DAVIS

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

600 Three Islands Blvd. #313

City

HALLANDALE

FL

Zip Code
33009

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) ☐

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**

*Pres.
PATRICIA DAVIS
600 Three Islands Blvd #313
HALLANDALE, FL 33009*

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

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**DO NOT WRITE
IN THIS SPACE**

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:

Paul J. Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

954-458-4878

Daytime Phone #

CR2E034B (12/01)