

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

DOCUMENT #P97000085643

1. Entity Name

MEETING INC.

FILED

02 FEB 28 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9553 HARDING AVE.

3. Mailing Address

9553 HARDING AVE.

Suite, Apt. #, etc.

suite 210

Suite, Apt. #, etc.

suite 210

City & State

MIAMI BEACH. FL.

City & State

MIAMI BEACH. FL.

4. FEI Number

65-0790606

Applied For

Not Applicable

Zip

33154

Country

USA

Zip

33154

Country

USA

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MANDUCHI, AGOSTINO

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

9553 HARDING AVE. #210

MIAMI BEACH. FL.?

City

MIAMI BEACH. FLORIDA.

FL

Zip Code

33154

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  
PSTD  
MANDUCHI, AGOSTINO  
9553 HARDING AVE.  
MIAMI BEACH. FL. 33154

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200005073752--5  
-03/08/02--01068--021  
\*\*\*\*158.75 \*\*\*\*158.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MANDUCHI, MARINA  
9553 HARDING, AVE.  
MIAMI BEACH. FL.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MANDUCHI, CLAUDIA  
9553 HARDING AVE.  
MIAMI BEACH. FL. 33154

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President., 02-26-2002

Date

Daytime Phone #

CR2E034B (12/01)