

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

DOCUMENT # P 97000085643

1. Entity Name

MEETING INC

FILED

03 SEP 11 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8911 COLLINS AVE

Suite, Apt. #, etc.

3. Mailing Address

8911 COLLINS AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BAL HARBOR FL

City & State

BAL HARBOR 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

7. Name and Address of Current Registered Agent

Name

AGOSTINO MANDUCHI

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

8911 COLLINS AVE.

City

BAL HARBOR

FL

Zip Code

33154

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IN THIS SPACE**

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

Alfred Veder

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/10/03

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
8911 COLLINS AVE
BAL HARBOR, FL 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MANDUCHI, MARINA
8911 COLLINS AVE.
BAL HARBOR, FL 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MANDUCHI, CLAUDIA
8911 COLLINS AVE.
BAL HARBOR, FL 33154

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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100023118181
09/16/03--01092--007 **150.00

**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:

Alfred Veder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/03

Date

Daytime Phone #

CR2E034B (12/01)

MIAMI, SEPTEMBER 10, 2003

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATION
ANNUAL REPORT/REINSTATEMENT SECTION
P.O.BOX 6327
TALLAHASSEE, FL. 32314-6327.

DOCUMENT NUMBER P97000085643


DEAR DEPARTMENT OF STATE:

AS PER OUR TELEPHONE CONVERSATION WE ARE ENCLOSING CK.
FOR \$150.00.

PLEASE BE ADVISED AS MENTIONED ON THE PHONE, WE HAVE RENEWED
OUR CORPORATION EVERY YEAR, BUT WE DID NOT RECEIVED THE
ANNUAL REPORT THIS YEAR BECAUSE WE CHANGE ADDRESS.
SO, THEREFORE I AM PLEADING YOU TO ABSOLVE THE PENALTY CHARGES.

PLEASE IF YOU HAVE ANY QUESTION DO NOT HESITATE TO CONTACT ME,

SINCERELY,


AGOSTINO MANDUCHI
PRESIDENT
MEETING INC.
PHONE 305-444-1953