

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90191 023 ***150.00

DOCUMENT # P99000099880

1. Entity Name
BEING IN TOUCH, INC.

Principal Place of Business
11208 RHAPSODY ROAD
COOPER CITY FL 33026-1350

Mailing Address
11208 RHAPSODY ROAD
COOPER CITY FL 33026-1350

2. Principal Place of Business
901 COLONY POINT CIRCLE
 Suite, Apt. #, etc.
#220

3. Mailing Address
901 COLONY POINT CIRCLE
 Suite, Apt. #, etc.
220

City & State
PEMBROKE PINES, FL
 Zip
33026
 Country
USA

City & State
PEMBROKE PINES, FL
 Zip
33026
 Country
USA

4. FEI Number **94-3345594**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BLAKE, MONIQUE P
11208 RHAPSODY ROAD
COOPER CITY FL 33026-1350

7. Name and Address of New Registered Agent

Name
SAME AGENT
 Street Address (P.O. Box Number is Not Acceptable)
901 COLONY POINT CIRCLE
#220
 City
PEMBROKE PINES FL
 Zip Code
33026

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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 **D** ☐ Delete
 NAME **BLAKE, MONIQUE P**
 STREET ADDRESS **11208 RHAPSODY ROAD**
 CITY-ST-ZIP **COOPER CITY FL 33026-1350**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 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 **PRESIDENT/DIRECTOR** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **901 COLONY POINT CIRCLE**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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 NAME
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 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

4-30-01 954-432-5206
 Date Daytime Phone #

CR2E034 (10/00)