

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90724 019 ***150.00

DOCUMENT # P99000099880

1. Entity Name
BE-ING IN TOUCH, INC.



Principal Place of Business
**901 COLONY POINT CIRCLE
#220
PEMBROKE PINES FL 33026**

Mailing Address
**901 COLONY POINT CIRCLE
#220
PEMBROKE PINES FL 33026**

2. Principal Place of Business
5212 SW 91ST AVENUE

3. Mailing Address
5212 SW 91ST AVENUE

Suite, Apt. #, etc.
8

Suite, Apt. #, etc.
8

City & State
COOPER CITY FLORIDA

City & State
COOPER CITY FLORIDA

4. FEI Number **94-3345594**

Applied For
Not Applicable

Zip
33328-5007

Country
USA

Zip
33328-5007

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

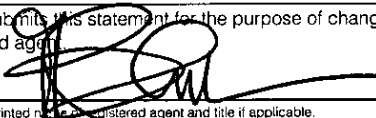
**BLAKE, MONIQUE P
901 COLONY POINT CIRCLE
220
PEMBROKE PINES FL 33026**

Name

Street Address (P.O. Box Number is Not Acceptable)
5212 SW 91ST AVENUE #8

City **COOPER CITY FL** Zip Code **33328**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

4.28.03

DATE

FILE NOW!!! FEE IS \$150.00
As of May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BLAKE, MONIQUE P**
STREET ADDRESS **901 COLONY POINT CIRCLE #220**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5212 SW 91ST AVENUE #8**
CITY-ST-ZIP **COOPER CITY, FL 33328-5007**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.03

Date

954.434.6444

Daytime Phone #

CR2E034 (10/02)