

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-18-2003 90218 001 ***150.00

DOCUMENT # P02000013004



1. Entity Name
CONTEAM PROJECT-MANAGEMENT INC.

Principal Place of Business
**2301 DEL PRADO BLVD #100
CORALWOOD SHOPPING CENTER
CAPE CORAL FL 33990**

Mailing Address
**2301 DEL PRADO BLVD #100
CORALWOOD SHOPPING CENTER
CAPE CORAL FL 33990**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
923-76-6542

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEINDL, FRIEDR G
2301 DEL PRADO BLVD #100
CORALWOOD SHOPPING CENTER
CAPE CORAL FL 33990**

Name **TARACH - JUERGEN**
Street Address (P.O. Box Number is Not Acceptable)
2006 SE 21ST STREET
CAPE CORAL FL 33990
City **CAPE CORAL** FL Zip Code **33990**

8. The above named entity permits 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After 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 PD
NAME **JUERGEN, TARACH** Delete
STREET ADDRESS **2301 DEL PRADO BLVD #100**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME **ZUECK, CHRISTIAN** Delete
STREET ADDRESS **2301 DEL PRADO BLVD #100**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
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 receiver 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

J. Tarach 04/30/03 239 699 3249
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)