## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## P02000080632 **DOCUMENT #**

Country

6. Name and Address of Current Registered Agent

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

1. Entity Name

Principal Place of Business

9370 S.W. 87 AVE # S-19

MIAMI FL 33176

Zip

THIELEN, TEO

**MIAMI FL 33176** 

SIGNATURE:

9370 S.W. 87 AVE # S-19

the obligations of registered agent.

THIELEN CONSULTING INC.



Country

Name

City

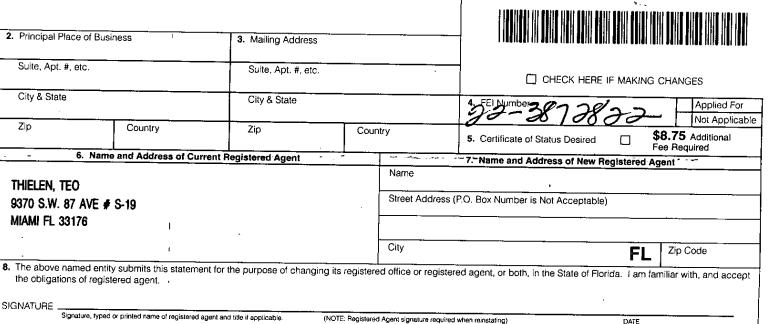
Mailing Address 9370 S.W. 87 AVE # S-19 **MIAMI FL 33176** 

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Zip



03-24-2003 90660 022 \*\*\*150.00



DATE

| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  |  |          |                                       |                 | Election Campaign Financing     Trust Fund Contribution. | \$5.0<br>Added | <b>0</b> May Be<br>I to Fees |
|---|--|----------|---------------------------------------|-----------------|--|----------------|------------------------------|
| 10. OFFICERS AND DIRECTORS  |  | RS       | 11. ADD                               |                 | DITIONS/CHANGES TO OFFICERS AN                           | D DIRECTOR     | S IN 11                      |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>THIELEN, TEO<br>9370 S.W. 87 AVE # S-19<br>MIAMI FL 33176 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                 |  | ☐ Change       | Addition                     |
| NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                 |  | ☐ Change       | Addition                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Sing Annual Transport Topics                                   | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | i in the second |  | Change Change  | Addition -                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                 | ·  | ☐ Change       | Addition                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 1  | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                 |  | Change         | Addition                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Delete | TITLE NAME STREET ADDRESS CITY_ST-ZIP |                 |  | ☐ Change       | Addition                     |
| 12. I hereby certify that the information supplied with his jing does not coalify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address vito all other like empowered. |  |          |                                       |                 |  |                |                              |