

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051301

1. Entity Name
THULIN, INC.

Principal Place of Business
11900 BISCAYNE BLVD. #505
NORTH MIAMI BEACH FL 33181

Mailing Address
11900 BISCAYNE BLVD. #505
NORTH MIAMI BEACH FL 33181

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 **65-0927658** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

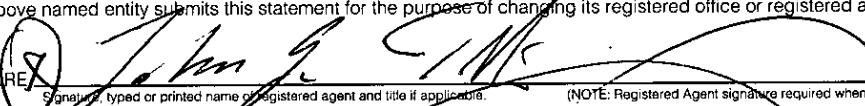
TURBAY, AILIN
608 NW 57TH AVENUE
MIAMI FL 33126

7. Name and Address of New Registered Agent

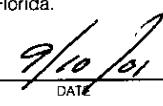
Name **John Thulin**
Street Address (P.O. Box Number is Not Acceptable)
11900 BISCAYNE BLVD #505

City **N. Miami Bch** FL **33181** Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE  9/10/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

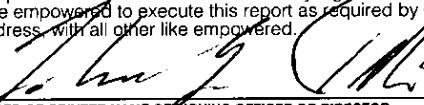
**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

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

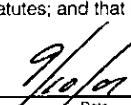
11. OFFICERS AND DIRECTORS

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	D THULIN, JOHN 11900 BISCAYNE BLVD. #505 NORTH MIAMI BEACH FL 33181	<input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP			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

 9/10/01

305-8910104 Daytime Phone #