2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2000 8:00 am Secretary of State DOCUMENT # **P99000086527** 1. Entity Name THE CONSCIOUS COMPANIES, INC. 05-01-2000 90418 030 ***150.00 Principal Place of Business Mailing Address 1620 PENNSYLVANIA AVENUE 1620 PENNSYLVANIA AVENUE **SUITE #107** SUITE #107 MIAMI BEACH FL 33139-7718 MIAMI BEACH FL 33139 3. Mailing Address Principal Place of Business 622 Penns 4. FEI Number Applied For & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TEDD! SEGAL, TERM ALYCE Street Address (P.O. Box Number is Not Acceptable) 1620 PENNSYLVANIA AVENUE **SUITE #107** MIAMI BEACH FL 33139 City Zip Code submits this statement for the europse of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity SIGNATURE ule if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. D Change ☐ Addition TITLE ☐ Delete TITLE SEGAL, TEDDI ALYCE NAME NAME 1620 PENNSYLVANIA AVENUE, SUITE #107 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 D Change Addition TITLE Delete TITLE GOLDSTEIN, JAMIE SCOTT NAME NAME 7171 NORTH FEDERAL HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33487** ☐ Addition ☐ Delete TITLE TITLE ABRAHAMSEN, THOMAS JOSEPH JR. NAME NAME STREET ADDRESS STREET ADDRESS 7171 NORTH FEDERAL HIGHWAY CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** □ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

Date

Date

Date

Date

Date

Date

Description of the Phone #