

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90174 002 ***158.75

DOCUMENT # P99000086527 ✓

1. Entity Name

THE CONSCIOUS COMPANIES, INC

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

1611 EUCLID AVE

1611 EUCLID AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3

3

City & State

City & State

MIAMI BEACH FL

MIAMI BEACH

Zip

Country

Zip

Country

33139

FL

33139

DO NOT WRITE IN THIS SPACE

A0064250

4. FEI Number

65-0994324

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

TEDDI ALYCE SEGAL

Street Address (P.O. Box Number is Not Acceptable)

1611 EUCLID AVE

#3

City

MIAMI BEACH

FL

Zip Code

33139

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

4/22/01

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
(new address →)☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
THOMAS JOSEPH
ABRAHAMSEN JR
1622 PENNSYLVANIA
AVE #204☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MIAMI BEACH FL 33139☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TEDDI ALYCE SEGAL
1611 EUCLID AVE #3
MIAMI BEACH FL 33139☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

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

4/22/01 305 9923852

CR2E034 (11/00)