

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 29 PM 1:00

DOCUMENT # 524353

1. Entity Name

MR. THEO'S INC.

Principal Place of Business

Mailing Address

5617 S. DIXIE HWY
WPB FL 33405

2. Principal Place of Business

3. Mailing Address

15400 BISCAYNE BLVD.
Suite, Apt. #, etc.

6278 N. FEDERAL HIGHWAY
Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

650242500

Applied For

Not Applicable

Zip

33160

Country

DADE U.S.

Zip

33308

Country

BROWARD U.S.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARGARET A AFIF
5617 S DIXIE HWY
WPB FL 33405

Name

INTERNATIONAL CONSULTANTS AND INVESTING GROUP LIMITED CORP.

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

6278 N. FEDERAL HIGHWAY #170

City FT. LAUDERDALE

FL

Zip Code 33308

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

George Elia

GEORGE ELIA

03-28-01

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

(NOTE: Registered Agent signature required when re-appointing)

DATE

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

FILE NOW! FEES ARE LOW!
AMERICAN EXPRESS #3502
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: VP, S
NAME: HELEN CATAFORD
STREET ADDRESS: 9800 N FLAGLER DR #402 WPB 33405
CITY-ST-ZIP: WPB FL 33405

TITLE: PRESIDENT
NAME: TZAMPIKOS MAROULAS
STREET ADDRESS: 15400 BISCAYNE BLVD.
CITY-ST-ZIP: NORTH MIAMI BEACH FL 33160

TITLE: DIRECTOR
NAME: MARGARET A AFIF
STREET ADDRESS: 9800 N FLAGLER DR #2
CITY-ST-ZIP: WPB FL 33407

TITLE: VICE PRESIDENT
NAME: SOTIRIS CAMPOS
STREET ADDRESS: 15400 BISCAYNE BLVD.
CITY-ST-ZIP: NORTH MIAMI BEACH FL 33160

TITLE: DIRECTOR
NAME: AIKATERINI KOUBIS
STREET ADDRESS: 9800 N FLAGLER DR #203
CITY-ST-ZIP: WPB FL 33407

TITLE: DIRECTOR
NAME: ISRAEL ADASTIADIS
STREET ADDRESS: 15400 BISCAYNE BLVD.
CITY-ST-ZIP: NORTH MIAMI BEACH FL 33160

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: DIRECTOR
NAME: GEORGE ELIA
STREET ADDRESS: 6278 N. FEDERAL HIGHWAY
CITY-ST-ZIP: FT. LAUDERDALE FL 33308

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

13. I hereby certify that the information supplied on this filing does not qualify for the exemption stated in Section 119.0713(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 checked, or in an attachment with an address, with all other like empowers.

SIGNATURE:

Aikaterini Koubis

AIKATERINI KOUBIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR