FOR PROFIT CORPORATION JNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # S24353 AMENDED 1. Entity Name MR. THEO S INC. 02 MAY 23 PM 12: 58 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 15400 BISCAYNE BLVD 6278 N FEDERAL HIGHWAY Suite, Apt. #, etc.
NORTH MIAMI BEACH, FL 33160 Suite, Apt. #, etc. #170 FORT LAUDERDALE DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 650242500 Not Applicable MIAMI BEACH 33160 FORT LAUDERDALE FL 33308 Country Zip 33160 \$8.75 Additional 5. Certificate of Status Desired BROWARD 7. Name and Address of Current Registered Agent NAME CONSULTANTS & INVESTMENT GROUP LTD. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 6278 N FEDERAL HIGHWAY: ,#170 IN THIS SPACE FORT LAUDERDALE 333308 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. January 1 - May 1 Fee Is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, Fee is \$550.00 Amended UBR is \$61.25 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. TITLE ELIA, GEORGE D TITLE NAME NAME 100005754491---06/11/02--01109--018 6278 N FEDERAL HIGHWAY., #170 STREET ADDRESS STREET ADDRESS CR2E034B FORT LAUDERDALE, FL 33308 CITY-ST-ZIF CITY-ST-ZIP *****70,00 *****70,00 TITLE ANASTASIADIS, ISSAC D TITLE NAME 6278 N FEDERAL HIGHWAY., #170 NAME STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33308 CITY-ST-ZIP CITY-ST-ZIP KOUBIS, COSTAS D TITLE TITLE NAME 6278 N FEDERAL HIGHWAY., #170 NAME STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33308 DO NOT WRITE CITY-ST-ZIP CITY - ST - ZIP TITLE -TATLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CTTY - ST - ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 growt 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered. 5/20/02 SIGNATURE: 954-205-7175