

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V30275

1. Entity Name
THOR DESIGN, INC.

Principal Place of Business
114 SOUTH 20 AVE
HOLLYWOOD FL 33020

Mailing Address
114 SOUTH 20 AVE
HOLLYWOOD FL 33020

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

65-0346277

Applied For

Not Applicable

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

PREUSS, HELMUT
114 S 20 AVE
HOLLYWOOD FL 33020

Name

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

City

FL

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 removing)

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

☐

FILE NOW!!! FEE (\$550.00)
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
PREUSS, HELMUT
114 SOUTH 20 AVE
HOLLYWOOD FL 33020

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPS
PREUSS, TERRY
114 SOUTH 20 AVE
HOLLYWOOD FL 33020

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
LOPEZ, MARIANA
114 SOUTH 20 AVE
HOLLYWOOD FL 33020

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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 an other like empowered.

SIGNATURE:

HELMUT G. PREUSS

8/28/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09-06-2001 90269 043 150.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 20 PM 4:40

0000000000

DO NOT WRITE IN THIS SPACE

CP-2001-04 (5/01)

2001 UNIFORM BUSINESS REPORT (UBR)

Attachment
A0083853

DOCUMENT # V30275			
1. Entity Name THOR DESIGN, INC.			
Principal Place of Business 114 SOUTH 20 AVE HOLLYWOOD FL 33020		Mailing Address 114 SOUTH 20 AVE HOLLYWOOD FL 33020	
2. Principal Place of Business 114 S. 20 AVE		3. Mailing Address 114 SOUTH 20 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hollywood -- FL		City & State Hollywood FL	
Zip 33020	Country USA	Zip 33020	Country USA
4. FEI Number 65-0346277		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PREUSS, HELMUT 114 S 20 AVE HOLLYWOOD FL 33020		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature typed or printed name of registered agent and USA if applicable. (NOTE: Registered Agent Signature required when reappointing)</small>			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$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	P PREUSS, HELMUT 114 SOUTH 20 AVE HOLLYWOOD FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS PREUSS, TERRY 114 SOUTH 20 AVE HOLLYWOOD FL 33020 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOPEZ, MARIANA 114 SOUTH 20 AVE HOLLYWOOD FL 33020 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 lines empowered.			
SIGNATURE: <u>Preuss</u>		Date: <u>3/21/1</u> Daytime Phone: <u>954-920-3395</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

THOR DESIGN

Designers and Manufacturers of Functional Art Furniture

114 South 20th Avenue / Hollywood, Florida 33020 PH (954) 920-3395 FAX (954) 925-0711

Attachment # V30275

pg 3 of 3

A0083853

Dear Sirs,

August 28, 2001

Further to our phone conversation, enclosed are the copies you requested.

Check # 1676, and Document # V30275 were mailed on March 22, 2001.

This request for \$550.00 is in error. We have always been conscious to submit our UBR on time, and never found it necessary to send it by certified mail. Although we have confirmed with our accountant that the check was never cashed, we did send it on time, as we have every year.

Enclosed is another check for \$150.00, as per our phone conversation. We hope this will rectify the matter.

If you have any questions, please do not hesitate to call.

Sincerely,

Helmut Preuss

