

2001-UNIFORM BUSINESS REPORT (UBR)

0000418 AF

DOCUMENT # L00000003562

1. Entity Name
GREAT TEAM LLC

FILED
01 JAN 25 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2 SOUTH BISCAYNE BLVD., SUITE 3400
MIAMI FL 33131

Mailing Address
2 SOUTH BISCAYNE BLVD., SUITE 3400
MIAMI FL 33131

2. Principal Place of Business
407 Lincoln Rd
Suite, Apt. #, etc.
Suite 5-B

3. Mailing Address
407 Lincoln Road
Suite, Apt. #, etc.
Suite 5-B

City & State
Miami Beach, FL

City & State
Miami Beach FL

Zip
33139

Country
Dade

Zip
33139

Country
Dade

4. FEI Number
65-1067292

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VALES-FAULI CORPORATE SERVICES, INC.
ONE BISCAYNE TOWER - SUITE 3400
2 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
BRITO & BRITO

Street Address (P.O. Box Number is Not Acceptable)
407 Lincoln Road
Suite 5-B

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 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZAZZARINO, ANTONIO 2 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IRACI, MARIA 2 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-18-01 954-9223707

Date

Daytime Phone #

CR2E083 (11/00)