

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F88993**

Entity Name

**TEAM REALTY INC**

Principal Place of Business      Mailing Address  
**333 W. McNab Rd      8333 W. McNab Rd**  
**TAMARAC, FL 33371      TAMARAC, FL 33371**

|                             |         |                     |         |
|-----------------------------|---------|---------------------|---------|
| Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.         |         | Suite, Apt. #, etc. |         |
| City & State                |         | City & State        |         |
| Zip                         | Country | Zip                 | Country |

4. FEI Number: **59-2708063**      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

**BRUCE LAZAR**  
**3333 W. McNab Road**  
**TAMARAC FL 33371**

|                                                    |                  |
|----------------------------------------------------|------------------|
| Name                                               |                  |
| Street Address (P.O. Box Number is Not Acceptable) |                  |
| City                                               | FL      Zip Code |

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)      (If officer or Agent signature required when remitting fee)      Date: \_\_\_\_\_

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, 2002 Fee will be \$550.00**  
**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                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        |                                                                   |
| CITY-STATE-ZIP             |                                 | CITY-STATE-ZIP                                        |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        |                                                                   |
| CITY-STATE-ZIP             |                                 | CITY-STATE-ZIP                                        |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        |                                                                   |
| CITY-STATE-ZIP             |                                 | CITY-STATE-ZIP                                        |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        |                                                                   |
| CITY-STATE-ZIP             |                                 | CITY-STATE-ZIP                                        |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        |                                                                   |
| CITY-STATE-ZIP             |                                 | CITY-STATE-ZIP                                        |                                                                   |

3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 111.07(3)(c), 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: **BRUCE LAZAR**      4/10/03      (954) 777

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90214 037 \*\*\*150.00