

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005221

1. Entity Name

TEAM FREEDOM PROMOTIONS, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90062 001 ***150.00

Principal Place of Business

Mailing Address

C/O EATIN & MARQUES
200 E. BROWARD BLVD
FT LAUDERDALE FL 33301

C/O ENTIN & MARGULES
200 E. BROWARD BLVD
FT LAUDERDALE FL 33301-1963
US

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

88-0352823

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

MARGULES, LEON ESQ
%ENTIN & MARGULES, PA
200 E BROWARD BLVD
FT LAUDERDALE FL 33301

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 reinstating)

DATE

9. 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, 2000 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 DCP
NAME DECUBAS, LUIS
STREET ADDRESS %ENTIN & MARGULES, 200 E BROWARD BLVD
CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DCV
NAME MARGULES, LEON
STREET ADDRESS %ENTIN & MARGULES, 200 E BROWARD BLVD
CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME HABER, ROGER S
STREET ADDRESS 1140 AVE OF THE AMERICAS 5TH FLR
CITY-ST-ZIP NY NY 10036 ☐ Delete

TITLE DIRECTOR, V.P., Sec
NAME HABER, ROGER, S
STREET ADDRESS 1212 67th AVENUE 3rd FL
CITY-ST-ZIP NY NY 10036 ☒ Change ☐ Addition

TITLE ST
NAME BAILIN, KELLI A
STREET ADDRESS 1140 AVE OF THE AMERICAS 5TH FLR
CITY-ST-ZIP NY NY 10036 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME HERSHAN, ROBERT
STREET ADDRESS 11 N. POND RD.
CITY-ST-ZIP CRESSKILL NJ 07626 ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER HABER

Date

2/8/2000

Daytime Phone #

212 768 2100

CR2E034 (9/99)