

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # F96000005221**1. Entity Name
TEAM FREEDOM PROMOTIONS, INC.

Principal Place of Business C/O EATIN & MARGULES 200 E. BROWARD BLVD FT LAUDERDALE 33301 FL	Mailing Address C/O ENTIN & MARGULES 200 E. BROWARD BLVD FT LAUDERDALE 33301 US FL
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2. Principal Place of Business C/O ENTIN & MARGULES	3. Mailing Address
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Suite, Apt. #, etc. 200 E. BROWARD BLVD	Suite, Apt. #, etc.
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City & State FT LAUDERDALE FL	City & State
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Zip 33301	Country	Zip	Country
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4. FEI Number 88-0352823	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMARGULES LEON ESQ
%ENTIN & MARGULES, PA
200 E BROWARD BLVD
FT LAUDERDALE
33301
US
FL**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 **LEON MARGULES****07/16/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERSHAN ROBERT 11 N. POND RD. CRESSKILL NJ 07626 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS HABER ROGER S 1212 6TH AVENUE 3RD FL NY NY 10036 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCV MARGULES LEON %ENTIN & MARGULES, 200 E BROWARD BLVD FT LAUDERDALE FL 33301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP DECUBAS LUIS %ENTIN & MARGULES, 200 E BROWARD BLVD FT LAUDERDALE FL 33301 <input checked="" 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT HABER ROGER S 1212 6TH AVENUE 3RD FL NY NY 10036 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MARGULES LEON %ENTIN & MARGULES, 200 E BROWARD BLVD FT LAUDERDALE FL 33301 <input checked="" 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

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: Leon Margules

D

07/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)