

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90039 009 ***150.00

DOCUMENT # F96000005221

1. Entity Name
TEAM FREEDOM PROMOTIONS, INC.

Principal Place of Business

**C/O ENTIN & MARGULES
 200 E. BROWARD BLVD
 FT LAUDERDALE FL 33301**

Mailing Address

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

2. Principal Place of Business

110 SE. 6th St.

3. Mailing Address

Suite, Apt. #, etc.
Suite 1970

City & State

Fort Lauderdale, Fla.

City & State

Fort Lauderdale, Fla.

Zip

33307

Country

U.S.A.

Zip

33301

Country

US

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

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

7. Name and Address of New Registered Agent

Name

Same

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

110 SE. 6th St. Suite 1970

City

Fort Lauderdale

FL

Zip Code

33301

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 R MARGULES

LEON R MARGULES

4/22/02

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, 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

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

TITLE **DVT** ☐ Delete
 NAME **HABER, ROGER S**
 STREET ADDRESS **1212 6TH AVENUE 3RD FL**
 CITY-ST-ZIP **NY NY 10036**

TITLE **D** ☐ Delete
 NAME **HERSHAN, ROBERT**
 STREET ADDRESS **11 N. POND RD.**
 CITY-ST-ZIP **CRESSKILL NJ 07626**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 R MARGULES

4/22/02 (954)761-7201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)