

2001 UNIFORM BUSINESS REPORT (UBR)

0015744 AF

DOCUMENT # M00000000433

1. Entity Name
TEAM ONE EXHIBITOR SERVICES, LLC

Principal Place of Business
900 E. INDIANTOWN RD., SUITE 207
JUPITER FL 33477

Mailing Address
900 E. INDIANTOWN RD., SUITE 207
JUPITER FL 33477

FILED
01 FEB 12 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11940 US HWY ONE
Suite, Apt. #, etc.
Ste 200

3. Mailing Address
11940 US HWY ONE
Suite, Apt. #, etc.
Ste 200

City & State
N. Palm Beach, FL
Zip
33408
Country
Palm Beach

City & State
N. Palm Beach, FL
Zip
33408
Country
Palm Beach

4. FEI Number
65-0929248
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MASON, WILLIAM J
900 E. INDIANTOWN RD., SUITE 207
JUPITER FL 33477

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
11940 US HWY ONE
SUITE 200
City N. Palm Beach, FL Zip Code 33408

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 William J. Mason 2/8/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MEMBERS	
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
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	MANAGING MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TEAM ONE EXHIBITOR SERVICES, INC. 11940 US HWY ONE, STE 200 N. Palm Beach, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MEB, CONSULTING SERVICES, INC. 13221 SW 70th Avenue Miami, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TILE COUNCH OF AMERICA, INC. 100 Clemson Research Blvd. Clemson, SC 29633
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition IBERAMIC, INC. 1401 New York Ave. NW Ste 600 Washington, DC 20005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition The World Exposition of Ceramic Tile, Inc. 60 East 42nd St., Ste 3120 New York, NY 10165

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: William J. Mason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
2/8/01 561-776-0600
Date Daytime Phone #

CR2E083 (11/00)