

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M15396

1. Entity Name
TEAM ARCHITECTURE, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90056 024 ***150.00

Principal Place of Business 326 802 ROYAL POINCIANA WAY PALM BEACH FL 33480	Mailing Address 326 802 ROYAL POINCIANA WAY PALM BEACH FL 33480
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 326 ROYAL POINCIANA WAY Suite, Apt. #, etc.	3. Mailing Address 326 ROYAL POINCIANA WAY Suite, Apt. #, etc.
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City & State PALM BEACH, FL	City & State PALM BEACH, FL	4. FEI Number 59-2537906	Applied For <input type="checkbox"/> Not Applicable
Zip 33480	Country USA	Zip 33480	Country USA

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PRIETO, FERNANDO R 75 ST. DAVIDS WAY WELLINGTON FL 33414
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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 *Fernando R. Prieto* **FERNANDO R. PRIETO** **5.1.00**
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 NAME STREET ADDRESS CITY-ST-ZIP	P PRIETO, FERNANDO R 75 ST DAVIDS WAY WELLINGTON FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRIETO, OLGA M 75 ST DAVIDS WAY WELLINGTON FL 33414 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Fernando R. Prieto* **FERNANDO R. PRIETO** **5.1.00** **(Sd)** **036.0032**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)