

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000004093**

1. Entity Name

TEAM OF PROFESSIONAL INTERNET ENTREPRENEURS, INC**FILED****May 10, 2001 8:00 am**
Secretary of State

05-10-2001 90162 044 ****61.25

Principal Place of Business

**1763 PRAIRIE VIEW LANE
OVIEDO FL 32765**

Mailing Address

**1763 PRAIRIE VIEW LANE
OVIEDO FL 32765**

2. Principal Place of Business

3. Mailing Address

TOPIE,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 2926

City & State

ORLANDO FL

Zip

Country

32802

Country

USA

4. FEI Number

59-3654478

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****GARRETT, MARK W
1850 LEE ROAD STE 210
WINTER PARK FL 32789****7. Name and Address of New Registered Agent**

Name

GURU PRASAD

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

1763 PRAIRIE VIEW LN

City

OVIEDO**FL**

Zip Code

32765

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.

GURU PRASAD

(NOTE: Registered Agent signature required when reinstating)

4/27/01

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRASAD, GURU 1763 PRAIRIE VIEW LANE OVIEDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, SHIRISH 555 ASTER COURT #14 MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAJPUT, SUMEET 2715 MINT DRIVE ORLANDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVILLE, DWAIN PO BOX 948263 MAITLAND FL 32796	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, HIMESH 1956 CROSSHAIR CIRCLE ORLANDO FL 32837	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, YATIN 1956 CROSSHAIR CIRCLE ORLANDO FL 32837	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WILLIAM MOONEY 10308, NEWINGTON DRIVE, ORLANDO FL 32836-3743	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOHN MCCLURE 301 EAST PINE ST. SUITE 900 ORLANDO FL 32801-2705	<input type="checkbox"/> Change <input checked="" 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
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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED FOR CHAIRMAN/PRESIDENT

Date

Daytime Phone #

4/27/01 (407) 359 6458

CR2E037 (10/00)