

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004093

1. Entity Name

TEAM OF PROFESSIONAL INTERNET ENTREPRENEURS, INC

Principal Place of Business

1763 PRAIRIE VIEW LANE
OVIEDO FL 32765

Mailing Address

TOPIE
PO BOX 2926
ORLANDO FL 32802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3654478

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRASAD, GURU
1763 PRAIRIE VIEW LANE
OVIEDO FL 32765

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME PRASAD, GURU
STREET ADDRESS 1763 PRAIRIE VIEW LANE
CITY-ST-ZIP OVIEDO FL 32765

TITLE D ☐ Change ☒ Addition
NAME ~~Hillary~~ Bressler, Hillary
STREET ADDRESS 400 N. Wymore Rd, Ste 100
CITY-ST-ZIP Winter Park, FL 32789

TITLE D ☐ Delete
NAME MOONEY, WILLIAM
STREET ADDRESS 10308 NEWINGTON DRIVE
CITY-ST-ZIP ORLANDO FL 32836-3743

TITLE D ☐ Change ☒ Addition
NAME Feldman, Steven
STREET ADDRESS 900 Vassar Street
CITY-ST-ZIP Orlando, FL 32804

TITLE D ☒ Delete
NAME RAJPUT, SUMEET
STREET ADDRESS 2715 MINT DRIVE
CITY-ST-ZIP ORLANDO FL 32765

TITLE D ☐ Change ☒ Addition
NAME Chhaganlal, Kiran
STREET ADDRESS 5353 Conroy Road, Ste 200
CITY-ST-ZIP Orlando, FL 32811

TITLE D ☐ Delete
NAME MCLURE, JOHN
STREET ADDRESS 301 EAST PINE ST., STE 900
CITY-ST-ZIP ORLANDO FL 32801-2705

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

TITLE D ☒ Delete
NAME PATEL, HIMESH
STREET ADDRESS 1956 CROSSHAIR CIRCLE
CITY-ST-ZIP ORLANDO FL 32837

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

TITLE D ☐ Delete
NAME PATEL, YATIN
STREET ADDRESS 1956 CROSSHAIR CIRCLE
CITY-ST-ZIP ORLANDO FL 32837

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

407-312-2961

Date

Daytime Phone #

CR2E037 (9/01)