2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **N9400005306**

1. Entity Name



PROJECT TEAMWORK, INC.							
Principal Place of Business	Mailing Address						
14540 S.W. 136TH ST SUITE 202 MIAMI FL 33186	14540 S.W. 136TH ST., SUITE 202 MIAMI FL 33186						

## FILED Sep 13, 2000 8:00 am Secretary of State

09-13-2000 90016 016 \*\*\*\*61.25

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													P)	
Principal Place of Business 3. Mailing Address					· <u></u>									
Suite, Apt. #, etc. Suite, Apt. #, etc.									DO N	OT WRITE	IN THIS S	SPACE		
City, & State City & State								4. FEI Numb	er <b>65-05</b> 3	26275			plied For	
Zip		Country	Zip Cou			ıntry		5 Certificate of Status Desired S8.75 Additional						
	6. Name	and Address of Current F	Register	ed Agent				7. Name and Address of New Registered Agent						
o, rame and reactors of our one registered right.							Name							
MORGAN, CHARLES O JR.						Street Address (P.O. Box Number is Not Acceptable)								
		T., SUITE 202												
MIAMI FL		., OONE 202												
						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.														
CICALATURE														
SIGNATURE.	Signature, typed	or printed name of registered agent ar	nd title if app	plicable. (NOTE	Registered	d Agent signat	ure required	when reinstating)			DATE			
FILE NOW: FEE IS \$61.25 9. Election Campaign Finance						~		.00 May Be				Payable to		
After September 13, 2000 min. will be \$236.25 Trust Fund Contribution.							∃ Ádo	ded to Fees	1	Depa	ırtment	of State		
10.		OFFICERS AND DIR	ECTORS	<u> </u>	11.		A	ADDITIONS/CH	ANGES TO	OFFICERS	AND DIF	RECTORS IN	10	
TITLE	PD			☐ Delete	TITLE							☐ Change	Addition	
NAME	ENGLERT,		_		NAM									
STREET ADDRESS CITY-ST-ZIP						et address - St- Zip								
TITLE	VPD	33 100		☐ Delete	TITLE		ļ	<u> </u>		<del></del> -		Change	Addition	
NAME	BEHNKEN	, <b>B</b> .J.		C Desete	NAMI		ļ					C Ontango		
STREET ADDRESS	14540 S.V	v. 136TH ST., SUITE 20	2		STRE	et address								
CITY-ST-ZIP	MIAMI FL	33186			CITY-	-ST-ZIP								
TITLE	BODS	<b>ATT</b>		Delete	TITLE							Change	☐ Addition	
NAME STREET ADDRESS	TODD, SC 12856 SAI				NAME	ET ADDRESS	ļ						i	
CITY-ST-ZIP	JUPITER F					-ST-ZIP							ļ	
TITLE	BOD		•	☐ Delete	TITLE		bares -	,				Change	Addition	
NAME		TOMMY REV	_		NAM <del>.</del>		"							
STREET ADDRESS		v. 136TH St., Suite 20	2			ET ADDRESS -ST-ZIP							ľ	
CITY-ST-ZIP TITLE	MIAMI FL	33 186		☐ Dølete	TITLE		SID					☐ Change	Addition	
NAME				m nake	NAME		PLAC	E TED	REV			Ottange	AND MODILION	
STREET ADDRESS					STREE	et adoress	1450	E, TED 40 S.W.	136TH	ST.,5	suite à	202	ļ	
CITY-ST-ZIP					CITY-	-ST-ZIP	MIA	mi, FL	33186					
TITLE				Delete	TITLE							Change	Addition	
NAME STREET ADDRESS					NAME	ET ADDRESS								
CITY-ST-ZIP						ST-ZIP								
	artify that the	information supplied why	this filling	door not qualify for	_L		ted in Sec	ction 119 07/3)	(i) Florida S	atutoe I fu		iby that the in	formation	

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 exegute 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 advices, withall other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRICK ENGLERT, PRES.

9-11-00

305-253-7022+2

Daytime Phone #

CR2E037 (5/00)