

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000005306**

1. Entity Name

PROJECT TEAMWORK, INC.**FILED****May 06, 2002 8:00 am**
Secretary of State

05-06-2002 90058 013 ****61.25

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

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

65-0526275

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****MORGAN, CHARLES O JR.**
14540 S.W. 136TH ST., SUITE 202
MIAMI FL 33186

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 \$61.259. 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 **PD** ☐ Delete
NAME **ENGLERT, RICK**
STREET ADDRESS **14540 S.W. 136TH ST., SUITE 202**
CITY-ST-ZIP **MIAMI FL 33186**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VPD** ☐ Delete
NAME **BEHNKEN, B.J.**
STREET ADDRESS **14540 S.W. 136TH ST., SUITE 202**
CITY-ST-ZIP **MIAMI FL 33186**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **BOD** ☐ Delete
NAME **WATSON, TOMMY REV**
STREET ADDRESS **14540 S.W. 136TH ST., SUITE 202**
CITY-ST-ZIP **MIAMI FL 33186**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **PLACE, TED REV**
STREET ADDRESS **14540 SW 136TH ST SUITE 202**
CITY-ST-ZIP **MIAMI FL 33186**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

Date

3-5-2002 7022 X 24

CR2E037 (9/01)