

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90097 037 ****61.25

DOCUMENT # N94000005306

1. Entity Name

PROJECT TEAMWORK, INC.



Principal Place of Business

**14540 S.W. 136TH ST., SUITE 202
MIAMI FL 33186**

Mailing Address

**14540 S.W. 136TH ST., SUITE 202
MIAMI FL 33186**

2. Principal Place of Business

14540 S.W. 136 ST.

3. Mailing Address

14540 S.W. 136 ST

Suite, Apt. #, etc.

SUITE 106

Suite, Apt. #, etc.

SUITE 106

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33186

Country

U.S.

Zip

33186

Country

U.S.

6. Name and Address of Current Registered Agent

MORGAN, CHARLES O JR.

**14540 S.W. 136TH ST., SUITE 202
MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name

MORGAN, CHARLES O JR.

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

14540 S.W. 136TH ST. SUITE 106

City

MIAMI

FL

Zip Code

33186

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENGLERT, RICK 14540 S.W. 136TH ST., SUITE 202 MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEHNKEN, B.J. 14540 S.W. 136TH ST., SUITE 202 MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD WATSON, TOMMY REV 14540 S.W. 136TH ST., SUITE 202 MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PLACE, TED REV 14540 SW 136TH ST SUITE 202 MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENGLERT, RICK 14540 S.W. 136TH, SUITE 106 MIAMI FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEHNKEN, B.J. 14540 S.W. 136TH, ST SUITE 106 MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD WATSON, TOMMY REV 14540 SW 136TH, ST. SUITE 106 MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PLACE, TED REV 14540 S.W. 136TH, ST. SUITE 106 MIAMI, FL 33186	<input checked="" 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: RICK ENGLERT, 2/20/03 305-253-7022

CR2E037 (10/02)