

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90077 028 ***150.00

DOCUMENT # P00000076386

1. Entity Name
TEAM ART GROUP, INC.

Principal Place of Business

~~1144 NOCEAN BLVD
 PALM BEACH FL 33480~~

Mailing Address

~~1144 NOCEAN BLVD
 PALM BEACH FL 33480~~

2. Principal Place of Business
325 Worth Avenue

3. Mailing Address
325 Worth Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm Beach, FL 33480

City & State
Palm Beach, FL 33480

Zip Country
Palm Beach

Zip Country
Palm Beach

4. FEI Number
65-1032331

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

**RAMPELL, PAUL ESQ
 125 WORTH AVE STE 202
 PALM BEACH FL 33480**

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 *Kenneth B. Elias*

4/12/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **MIMUN, CLEMENT C**
 STREET ADDRESS **1144 N.OCEAN BLVD**
 CITY-ST-ZIP **PALM BEACH FL 33480.**

TITLE **President** ☒ Change ☐ Addition
 NAME **Kenneth B. Elias**
 STREET ADDRESS **3800 Washington Rd., #802**
 CITY-ST-ZIP **West Palm Beach, FL 33405**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenneth B. Elias
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01

Date

Daytime Phone #

CR2E034 (10/00)