

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110515

1. Entity Name

TEAM ACCOUNT MANAGEMENT, INC.

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90128 047 \*\*\*150.00

Principal Place of Business

Mailing Address

2107 NE 123 STREET  
NORTH MIAMI FL 33181

2107 NE 123 STREET  
NORTH MIAMI FL 33181

2. Principal Place of Business

2107 NE 123<sup>rd</sup> ST

3. Mailing Address

PO BOX 600185

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. MIAMI FL

City & State

N. MIAMI BEACH FL

4. FEI Number

65-1062718

Applied For

Not Applicable

Zip

33181

Country

USA

Zip

33160

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

INCORVIA, JOHN ESQ  
655 NW 128 STREET  
MIAMI FL 33168

7. Name and Address of New Registered Agent

Name **TAMMY MARCIANO**

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

2107 NE 123<sup>rd</sup> ST

City **N. MIAMI**

**FL**

Zip Code **33181**

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 *Tammy Marciano* **TAMMY MARCIANO, VICE-PRESIDENT** **4/23/01**

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 **PRESIDENT** ☐ Delete  
NAME **JOSE MARCIANO**  
STREET ADDRESS **2107 NE 123<sup>rd</sup> ST**  
CITY-ST-ZIP **N. MIAMI, FL. 33181**

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

TITLE **VICE PRESIDENT** ☐ Delete  
NAME **TAMMY MARCIANO**  
STREET ADDRESS **2107 NE 123<sup>rd</sup> ST**  
CITY-ST-ZIP **N. MIAMI FL 33181**

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

TITLE **SECRETARY** ☐ Delete  
NAME **TAMMY MARCIANO**  
STREET ADDRESS **2107 NE 123<sup>rd</sup> ST**  
CITY-ST-ZIP **N. MIAMI FL 33181**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Tammy Marciano* **TAMMY MARCIANO** **4/23/01** **(305) 899-9820**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

000617

CR2E034 (10/00)

00047516



DO NOT WRITE IN THIS SPACE