

5/28

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91510 004 \*\*\*150.00

**DOCUMENT # P01000039833**

1. Entity Name

**THE WINNING TEAM, INC.**

Principal Place of Business

13448 TEXAS WOODS CIR  
ORLANDO FL 32824

Mailing Address

13448 TEXAS WOODS CIR  
ORLANDO FL 32824

2. Principal Place of Business

3. Mailing Address

P.O. Box 770325

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Orlando, FL

4. FEI Number

2D 59-37 22641

Applied For

Not Applicable

Zip

Country

Zip

Country

32817

ORANGE

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARRERO, BELMA

13448 TEXAS WOODS CIR

ORLANDO FL 32824

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 of officer or director of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

BELMA A. MARRERO

4/27/02

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, 2002 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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT / OWNER**  
**BELMA A. MARRERO**  
**13448 TEXAS WOODS CIR**  
**Orlando, FL 32824**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BELMA A. MARRERO

Date

4/27/02

Daytime Phone #

(407) 765-0160

CR2E034 (9/01)