

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 30, 2002 8:00 am
Secretary of State

06-02-2002 90906 015 ***150.00

DOCUMENT # POI 000051956 L

1. Entity Name

Team Sosa, Inc.

DO NOT WRITE IN THIS SPACE

05021

2. Principal Place of Business

18459 Pines Blvd.
Suite, Apt. #, etc.
#170

3. Mailing Address

18459 Pines Blvd.
Suite, Apt. #, etc.
#170

DO NOT WRITE IN THIS SPACE

City & State
Pembroke Pines, Florida

City & State
Pembroke Pines, Florida

4. FEI Number

65-1118477

Applied For

Not Applicable

Zip
33029

Country
USA

Zip
33029

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Frank Mancini

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

2128 Hollywood Boulevard

City Hollywood

FL

Zip Code

33020

**DO NOT WRITE
IN THIS SPACE**

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

Frank Mancini

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

(NOTE: Registered Agent signature required when reinstating)

6-26-02

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>Javier A. Sosa</u> <u>18459 Pines Blvd. #170</u> <u>Pembroke Pines, Florida 33029</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S</u> <u>Rachel J. Sosa</u> <u>18459 Pines Blvd. #170</u> <u>Pembroke Pines, Florida 33029</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

J. Sosa Javier Sosa

5-27-02 (954) 992-7672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #