

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90011 046 ***150.00

DOCUMENT # P01000080672

1. Entity Name
THE TEAM ADVANTAGE REALTORS, INC.

Principal Place of Business
~~220 ALHAMBRA CIRCLE, SUITE 810~~
~~CORAL GABLES FL 33134~~

Mailing Address
~~220 ALHAMBRA CIRCLE, SUITE 810~~
~~CORAL GABLES FL 33134~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 ALMERIA AV
 Suite, Apt. #, etc.
SUITE 230

3. Mailing Address
100 ALMERIA AV
 Suite, Apt. #, etc.
SUITE 230

City & State
CORAL GABLES FL
 Zip
33134 Country
USA

City & State
CORAL GABLES FL
 Zip
33134 Country
USA

4. FEI Number
651141827

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~LEHRMAN, JEFFREY E ESQ.~~
~~220 ALHAMBRA CIRCLE, SUITE 810~~
~~CORAL GABLES FL 33134~~

7. Name and Address of New Registered Agent

Name **DEBORAH VALLEDOR**
 Street Address (P.O. Box Number is Not Acceptable)
100 ALMERIA AV
SUITE 230
 City **CORAL GABLES** FL Zip Code **33134**

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]*

DATE **04/25/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D LEHRMAN, JEFFREY E	220 ALHAMBRA CIRCLE, SUITE 810	CORAL GABLES FL 33134	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	DEBORAH VALLEDOR	100 ALMERIA AV SUITE 230	CORAL GABLES FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	PRESIDENT				
	JEAN LUEDDE	100 ALMERIA AV SUITE 230	CORAL GABLES, FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	VICE PRESIDENT/SECRETARY			<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]*

DATE **04/25/02**

DAYTIME PHONE # **305-445-2221**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)