Apr-24-02 04:10pm From-Kaufman Rossin 3058576845

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90012 012 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000090031 ✓

1. Entity Name

A-Team Properties and Management, Inc.

DO NOT WRITE IN THIS SPACE

B0092989

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6320 Hancock Road
Suite, Apt #, etc.
City & State: Ft. Lauderdale, FL
Zip: 33330 Country: USA

3. Mailing Address
Same as (2)
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 65-1139315 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Raul Gastesi, Jr.
Street Address (P.O. Box Number is Not Acceptable): 15600 NW 67th Ave.
Ste. 308
City: Miami Lakes FL Zip Code: 33014

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: ______ 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. Florida Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Alex Fernandez 6320 Hancock Road Ft. Lauderdale, FL 33330	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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: [signature] 4-25-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #