

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90160 039 ***150.00

DOCUMENT # P01000090031

1. Entity Name
A-TEAM PROPERTIES AND MANAGEMENT, INC.



Principal Place of Business
**6320 HANCOCK ROAD
FORT LAUDERDALE FL 33330**

Mailing Address
**6320 HANCOCK ROAD
FORT LAUDERDALE FL 33330**



2. Principal Place of Business
10081 PINES BOULEVARD

3. Mailing Address
10081 PINES BOULEVARD

Suite, Apt. #, etc.
SUITE A

Suite, Apt. #, etc.
SUITE A

City & State
PEMBROKE PINES FL

City & State
PEMBROKE PINES FL

Zip
33024 Country
USA

Zip
33024 Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1139315

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CASTES, RAUL JR.
15600 N.W. 67TH AVENUE, SUITE 308
MIAMI LAKES FL 33014**

7. Name and Address of New Registered Agent

Name

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

8105 NW 155 STREET

City
MIAMI LAKES

FL

Zip Code
33016

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FERNANDEZ, ALEX
6320 HANCOCK ROAD
FORT LAUDERDALE FL 33330** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEX FERNANDEZ 01/08/2003 (954) 885-1021

Date

Daytime Phone #

CR2E034 (10/02)