

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90022 001 ***150.00

DOCUMENT # P01000097817

1. Entity Name

TEAM VISIONS, INC.

Principal Place of Business

**3521 INVERRARY DR #407
LAUDERHILL FL 33319**

Mailing Address

**3521 INVERRARY DR #407
LAUDERHILL FL 33319**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, ELIZABETH J

**3521 INVERRARY DR #407
LAUDERHILL FL 33319**

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

(NOTE: Registered Agent signature required when reinstating)

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 **PD** ☐ Delete
NAME **DAVIS, ELIZABETH J**
STREET ADDRESS **2243 PIERCE ST #9**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **VD** ☐ Delete
NAME **HAMBLIN, DAVID H**
STREET ADDRESS **2243 PIERCE ST #9**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **VD** ☐ Delete
NAME **PEREZ, JOSE L**
STREET ADDRESS **6423 COLLINS AVE APT 702**
CITY-ST-ZIP **MIAMI FL 33141**

TITLE **TD** ☐ Delete
NAME **RODRIGUEZ, MARIA-VICTORIA**
STREET ADDRESS **20740 NE 32ND PLACE**
CITY-ST-ZIP **ADVENTURA FL 33180**

TITLE **SD** ☐ Delete
NAME **WINTER, KIM D**
STREET ADDRESS **11801 LAKESHIRE CT**
CITY-ST-ZIP **FT MYERS FL 33913**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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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:

Elizabeth J Davis, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/2/02

Daytime Phone #

954 448 2041

CR2E034 (9/01)