2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P02000042271 **DOCUMENT #**

1. Entity Name

TOWNTEAM CORPORATION



May 09, 2003 8:00 am Secretary of State 05-09-2003 90141 048 ***150.00

FILED

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Principal Place of Business 7200 FAIRWAY DRIVE, APT. H16 MIAMI LAKES FL 33014		Mailing Address 7200 FAIRWAY DRIVE, APT. H16 MIAMI LAKES FL 33014				
2. Principal Place of Business		3. Mailing Address			9)(0,0;0)(p)0 4;0;1 (000; 1;0; 100)	
Suite, Apt. #, etc		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and Address of New Registe	red Agent	
	o, maine and reduces of carren		Name =			
STOLK, ALFREDO 7200 FAIRWAY DRIVE, APT. H16		٠,	Street Addres	s (P.O. Box Number is Not Acceptable)		
MIAMI LAKE	ES FL 33014				<u></u>)	
			City		FL Zip Code	
signature	Signature, type or printed name of registered agent. LE NOW!!!_FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	and the Tapplicable. (NO	TE: Registered Agent signature requ		003 NATE	\
	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 11	
STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Additional of the date of the date		CR2E034 (10/02)
TITLE NAME STREET ADDRESS	D STOLK, GUSTAVO JR. 7200 FAIRWAY DRIVE, APT. H16 MIAMI LAKES FL 33014	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	CRZ
TITLE NAME STREET ADDRESS	D STOLK, ALFREDO 7200 FAIRWAY DRIVE, APT. H16 MIAMI LAKES FL 33014	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THE REST BY WHAT F IS NOTED IT	☐ 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.

TITLE

NAME

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SIGNATURE:

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2003 FOR PROFIT 쎯 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P02000042271 TOWNTEAM CORPORATION Mailing Address Principal Place of Business 7200 FAIRWAY DRIVE. APT. H16 7200 FAIRWAY DRIVE. APT. H16 MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 3. Mailing Address 2. Principal Place of Business ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable NOT MY CAPELLY SET \$8.75 Additional Country 5. Certificate of Status Desired Country Zip 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) STOLK, ALFREDO 7200 FAIRWAY DRIVE, APT. H16 MIAMI LAKES FL 33014 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Addition Change Delete TITLE TITLE NAME STOLK, GUSTAVO SR. NAME STREET ADDRESS STREET ADDRESS 7200 FAIRWAY DRIVE, APT. H16 CITY-ST-7(P MIAMI LAKES FL 33014 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE STOLK, GUSTAVO JR.-NAME STREET ADDRESS 7200 FAIRWAY DRIVE, APT. H16 STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33014 CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME STOLK, ALFREDO NAME STREET ADDRESS STREET ADDRESS 7200 FAIRWAY DRIVE, APT. H16 CITY-ST-ZIP MIAMI LAKES FL 33014 CITY-ST-ZIP ☐ Addition ☐ Change Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITL F Delete . . . TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: _ E POSTRAVAYONEN URDER

