FILED
Jun 23, 2003 8:00 am
Secretary of State
05-05-2003 91867 036 ***150.00

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000060471

1. Entity Name

Teamwork Does It, Inc

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55049647

2. Principal Place of Business	3. Mailing Address
16135 NW 64 Ave #223	1212 SW 2 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Lakes FL	City & State: Miami FL
Zip: 33014 Country: USA	Zip: 33135 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3063337 — Applied For / Not Applicable

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

ANDREW Quintana
16135 NW 64 Ave #223
Miami Lakes FL 33014

7. Name and Address of Current Registered Agent

Name: andrew Quintana

Street Address (P.O. Box Number is Not Acceptable): 16135 NW 64 Ave #223

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

SIGNATURE [signature] 4/5/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	President	TITLE	
NAME	ANDREW Quintana	NAME	
STREET ADDRESS	16135 NW 64 Ave # 223	STREET ADDRESS	
CITY-ST-ZIP	Miami Lakes FL 33014	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/5/03 (305) 643-2482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #