

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90191 024 ***158.75

DOCUMENT # P02000072499

1. Entity Name

B&B TEAM STRATEGY & SOLUTIONS, INC.



Principal Place of Business

**197 NORTHWEST 47TH AVENUE
DEERFIELD BEACH FL 33442**

Mailing Address

**POST OFFICE BOX 331511
MIAMI FL 33233**

2. Principal Place of Business

1801 BISCAYNE BLVD.

Suite, Apt. #, etc.

T3N SUITE 1402

City & State

AVENTURA, FLORIDA

Zip

33160

Country

USA

3. Mailing Address

P.O. Box 970221

Suite, Apt. #, etc.

COCONUT CREEK, FL.

City & State

COCONUT CREEK, FL.

Zip

33097-0221

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

02-0631421

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.

1840 SW 22ND ST.

4TH FLOOR

MIAMI FL 33145

7. Name and Address of New Registered Agent

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. 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

TITLE **PTD** ☐ Delete
NAME **SCHMIDT, ROBERT J**
STREET ADDRESS **197 NORTHWEST 47TH AVENUE**
CITY-ST-ZIP **DEERFIELD BEACH FL 33942**

TITLE **VSD** ☐ Delete
NAME **MANZANO, ROBERT**
STREET ADDRESS **197 NORTHWEST 47TH AVENUE**
CITY-ST-ZIP **DEERFIELD BEACH FL 33942**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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]*

[Signature] **SECRETARY OF STATE**

Attachment

90138477

5/28/03

TO: STATE OF FLORIDA 902000072499

RE: 2003 UNIFORM BUSINESS REPORT

PLEASE NOTE THE FOLLOWING.

- (1) I AM SENDING YOU THE REQUIRED FORMS ON 5/28/03 AS WE JUST RECEIVED THEM FROM THE POST OFFICE SEVERAL DAYS AGO.
- (2) THE FORMS WERE SENT TO OUR OLD P.O. Box # & NOT FORWARDED TO OUR NEW P.O. Box # (AS REPORTED) UNTIL SEVERAL DAYS AGO.
- (3) ENCLOSED IS A CHECK FOR \$158.75 USD FOR THE FILING FEE & FOR A COPY OF THE CERTIFICATE OF STATUS.

CORDIALLY,

R. SCHMIDT, PRESIDENT

R. Schmidt