FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 NOV 10 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000105719

1. Entity Name
Team Work Enterprises Inc.
3326-A Northcrest Rd
Doraville, GA 30340

400023962384
11/10/03--01117--026 **200.00

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3326-A Northcrest Rd	3326-A Northcrest Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Doraville GA	City & State: Doraville GA
Zip: 30340 Country: USA	Zip: 30340 Country: USA

4. FEI Number: 56-2303405 — Applied For ☐ Not Applicable ☐

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Ashok Shah

Street Address (P.O. Box Number is Not Acceptable):
1215 Creighton Rd

City: Pensacola FL Zip Code: 32504

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: _____ (Registered Agent signature required when changing) 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
NAME:	
STREET ADDRESS:	Ashok Shah
CITY-ST-ZIP:	3326-A Northcrest Rd Doraville, GA 30340
TITLE:	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
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TITLE:	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

400023962384
10/21/03--01029--011 **550.00

DO NOT WRITE IN THIS SPACE

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 blanks filled.

SIGNATURE: _____ 10-02-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date