

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000036503

1. Entity Name

THE COMMUNICATIONS RESOURCE GROUP, INC.

NAME CHANGE: TEAM CONNECTIVITY, INC.

Principal Place of Business

10242 NW 47TH STREET
SUITE 1
SUNRISE FL 33351

Mailing Address

10242 NW 47TH STREET
SUITE 1
SUNRISE FL 33351-7967

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0414706

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

COLODNY, JOHN D
10242 NW 47TH STREET
SUITE 1
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name MICHAEL W. MOUTNER
Street Address (P.O. Box Number is Not Acceptable)
10242 N.W. 47TH STREET
SUITE 1
City SUNRISE FL Zip Code 33351

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

Michael W. Moutner

04/11/2000

(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, 2000 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

TITLE ~~DP~~ ☐ Delete
NAME COLODNY, JOHN D
STREET ADDRESS 9900 STIRLING RD., STE. 202
CITY-ST-ZIP COOPER CITY FL 33024

TITLE DP ☐ Delete
NAME MICHAEL W. MOUTNER
STREET ADDRESS 10242 N.W. 47TH STREET, SUITE 1
CITY-ST-ZIP SUNRISE, FL 33351

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael W. Moutner President

04/11/2000 954-578-9990

Date

Daytime Phone #

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90174 020 ***150.00



DO NOT WRITE IN THIS SPACE