

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000036503

1. Entity Name

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

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

MILTNER, MICHAEL W
10242 NW 47TH STREET
SUITE 1
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name

JOHN D. COLODNY

Street Address (P.O. Box Number is Not Acceptable)

10242 NW 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

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MICHAEL MILTNER

APRIL 02, 2001

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, 2001 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 D
NAME COLODNY, JOHN D
STREET ADDRESS 9900 STIRLING RD., STE. 202
CITY-ST-ZIP COOPER CITY FL 33024 ☐ Delete

TITLE DP
NAME MILTNER, MICHAEL W
STREET ADDRESS 10242 NW 47TH STREET STE 1
CITY-ST-ZIP SUNRISE FL 33351 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P
NAME COLODNY, JOHN D.
STREET ADDRESS 10242 NW 47TH STREET, SUITE 1
CITY-ST-ZIP SUNRISE, FL 33351 ☒ Change ☐ Addition

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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:

JOHN D. COLODNY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 02, 2001 (954) 578-9990

Date Daytime Phone #

0279120

CR2E034 (10/00)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90047 040 ***158.75

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DO NOT WRITE IN THIS SPACE