

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000000036

1. Entity Name

THE B-TEAM INTERNATIONAL INCORPORATED

Principal Place of Business

Mailing Address

706 N.W. 164TH AVE.  
FT. LAUDERDALE FL 33028

706 N.W. 164TH AVE.  
FT. LAUDERDALE FL 33029-3607

2. Principal Place of Business

18431 NW 9 CT

Suite, Apt. #, etc.

3. Mailing Address

18431 NW 9 CT

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

Zip

33029

Country

USA

Zip

33029

Country

USA

4. FEI Number

65-0546468

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BEJELIS, WILLIAM

~~706 N.W. 164TH AVE.~~ 18431 NW 9 CT  
~~FT. LAUDERDALE FL 33028~~ 33029

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.

SIGNATURE

*William Bejelis* WILLIAM BEJELIS, PRESIDENT

4/24/00

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  
NAME

P

BEJELIS, WILLIAM

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

~~706 NW 164 AVENUE~~ 18431 NW 9 CT  
FORT LAUDERDALE FL

TITLE  
NAME

VTS

BEJELIS, JOANNE

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

~~706 NW 164 AVENUE~~ 18431 NW 9 CT  
FORT LAUDERDALE FL

TITLE  
NAME

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME

☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME

☐ Change ☐ Addition

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:

*William Bejelis* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00 (954) 435-0297

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90150 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE