

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000008576

1. Entity Name

TEAM PURCHASING CENTER, INC.

Principal Place of Business

9802 S.W. 133RD PLACE  
MIAMI FL 33186

Mailing Address

9802 S.W. 133RD PLACE  
MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SINGER, DAVID H ESQ  
13320 SW 128TH STREET  
MIAMI FL 33186

4. FEI Number

65-0558731

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 STREET ADDRESS CITY-ST-ZIP	D LAMARRE, MICHELLE 9802 SW 133RD PLACE MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	600007847636--
	-09/19/02--01043--018
	*****150.00 *****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (4/02)

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

8-20-02

Date

Daytime Phone #

APPROVED  
AND  
FILED

02 SEP 13 PM 6:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

42189



DO NOT WRITE IN THIS SPACE

TEAM PURCHASING CENTER, INC.  
9802 S.W. 133<sup>RD</sup> PLACE  
Miami, Florida 33186  
(305) 385-1771

September 5, 2002

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

RE: P-95000008576

Dear Sir/Madam:

First, let me start by apologizing for my error.

In April 2002, I mailed a check (copy enclosed) to the Department of Revenue along with other materials. Even though the check was marked payable to the Department of State, they deposited it in their accounts. I talked to them later when I realized what I have done and thought the transfer will have been done automatically. Thus, the error....

I have spoken to them again today, and I am in the process of filling out a refund application. They also assured me that they will send a note to confirm the error.

I am returning all the papers you sent me along with this letter, as well as a replacement check and a copy of the refund application. I hope this will fix the problem and I will be spared the penalty for taking care of this so late.

Thank you for understanding and once again accept my apologies.

Sincerely,

  
Michelle M. Lamarre

/ml  
enc.