

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90168 050 ***150.00

DOCUMENT # P96000011396

1. Entity Name
MISSION TEAM, CORP.



Principal Place of Business
**501 MILLER ROAD
CORAL GABLES FL 33146
US**

Mailing Address
**501 MILLER ROAD
CORAL GABLES FL 33146**

2. Principal Place of Business
11348 SW 84 LN

3. Mailing Address
11348 SW 84 LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number **65-0914634**

Applied For
Not Applicable

Zip Country
33173-4226 US

Zip Country
33173-4226 US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONZALEZ-LLORENTE, JOSE M
501 MILLER ROAD
CORAL GABLES FL 33146**

Name
GONZALEZ-LLORENTE, JOSE M
Street Address (P.O. Box Number is Not Acceptable)
11348 SW 84 LN
City **MIAMI** FL Zip Code **33173**

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 **JOSE M GONZALEZ-LLORENTE**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

APRIL 8, 2003
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GONZALEZ-LLORENTE, JOSE M**
STREET ADDRESS **501 MILLER ROAD**
CITY-ST-ZIP **CORAL GABLES FL**

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

TITLE **D** ☐ Delete
NAME **GONZALEZ, LILIA M**
STREET ADDRESS **501 MILLER ROAD**
CITY-ST-ZIP **CORAL GABLES FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOSE M GONZALEZ-LLORENTE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 8, 2003
Date

Daytime Phone #

CR2E034 (10/02)