2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090921

1. Entity Name

FILED Jan 27, 2000 8:00 am

TEAM 2,	INC.			Secretary of State 01-27-2000 90125 016 ***150.00
Principal Place	e of Business	Mailing Address		01-2/-2000 90123 010 130.00
200 EAST BROWARD BLVD. SUITE 1500 FORT LAUDERDALE FL 33301		200 EAST BROWARD BLVD. SUITE 1500 FORT LAUDERDALE FL 33301-1972		DBA10303
2. Principal Place of Business //900 BISTAYNE BLV0		3. Mailing Address 11900 BISCAYNE BLVA		
Suite, Apt. #, etc. 5017E 620		Suite, Apt. #, etc. 50/76 620		DO NOT WRITE IN THIS SPACE
City & State MIAMI FL		City & State MIAM, FL		4. FEI Number 65-0738119 Applied For Not Applicable
33181	Country	33/8/	Country DAAE	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
GANZ, DENISE Super Address (AMSON, NEAC
200 EAST BROWARD BLVD.				BIJCATNE 13LVA.
SUITE 1500 FORT LAUDERDALE FL 33301				£620
- FUR	LAUDERDALE FL 35301		City-11	AMC FL 3398/
8. The above	named snyty submits this statement for	he purpose of changing i	its registered office or regis	tered agent, or both, in the State of Florida.
	//// 2/2/1	1		- / /
SIGNATURE,	Signature, typed or printed name of resulting ed agent	and title if applicable. (No	CHC PBRAM OTE: Registered Agent signature requi	ired when reinstating) DATE
0 This			V!!! FEE IS \$150.00	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Tax filing requirement and elects to do so.			2000 Fee will be \$550.00	I Musi Fulla Continuation.
11.	OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	DPST GANZ, DENISE 200 E. BROWARD BLVD., SUITE FT. LAUDERDALE FL 33301	Delete 1500	NAME STREET ADDRESS CITY-ST-ZIP	3724 SON, NEAL Change MAddition 370 NORTH 37 STREET OLLYWOOD FL. 33021-220/
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P1. LAUDENDALE 1 E 33301	Delete	NAME STREET ADDRESS CITY-ST-ZIP	SERBACH ZEVIN SIFINE 19 CT 4-9 MINANI BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TROCKER Change Addition CHARD FLURY SI4 FILLMORE ST OLLYWOOD FL 3702
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE" NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ar.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	I certify that the information supplied with	n this filing does not qualify		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.

Daytime Phone #