

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90240 034 ***150.00

DOCUMENT # P97000041243

1. Entity Name
TEAM WORK DESIGN, CORP.

Principal Place of Business

2205 SW 28 STREET
MIAMI FL 33133

Mailing Address

2205 SW 28 STREET
MIAMI FL 33133

2. Principal Place of Business

163 NE 24 ST

Suite, Apt. #, etc.

3. Mailing Address

163 NE 24 ST

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33137

Country

USA

Zip

33137

Country

USA

4. FEI Number

65-0759419

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIDELNIK, GUSTAVO
2205 SW 28 STREET
MIAMI FL 33133

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

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, 2002 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	☐ Delete
NAME	SIDELNIK, GUSTAVO	
STREET ADDRESS	2205 SW 28 STREET	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	☐ Delete
NAME	CUNIOLO, SILVANA	
STREET ADDRESS	2205 SW 28TH ST	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	☐ Delete
NAME	TICERA, HORACIO	
STREET ADDRESS	2205 SW 28 STREET	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-28-2002

786 6212444

CR2E034 (9/01)