FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700082906 1. Entity Name TEAM-38, INC.						<u></u>	Feb 14, 2 Secreta 02-14-2002 9	ry o	f Sta	ate	•
Principal Place of Business 2391 OLD DIXIE HIGHWAY RIVIERA BEACH FL 33404			Mailing Address 2391 OLD DIXIE HIGHWAY RIVIERA BEACH FL 33404								
2. Principal P	lace of Busin	ess	3. Mailing Address				1 1881/1884 PLB 1844 1884/1884/1884/1			OCILA CIUL IACI	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	e		City & State			4.	FEI Number 65-0785941			plied For]
Zip	Country		Zip Count		ry	5.	Certificate of Status Desired	X \$	8.75 Add	litional	
1	6. Name	and Address of Current R	egistered Agent			7.	Name and Address of New Rec				1
SIMON, ALAN RICHARD 3980 RCA BLVD., SUITE 8012					Name Street Address (P.O. Box Number is Not Acceptable)						
PALM BEACH GARDENS FL 33410											1
					City			FL	Zip Code	9	1
9. This corpo	Signature, typed praction is eligical equirement a	or printed name of registered agent an ble to satisfy its Intangible and elects to do so.	of title if applicable. (NOTE:	Registered	Agent signatur IS \$150.0 WIII be \$55	e required when re	einstating) 10. Election Campaign Finar Trust Fund Contribution.	DATE		0 May Be to Fees	
(See criter	ia on back)	OFFICERS AND D	Make Check Payabl	le to De	partment		DDITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTORS	S IN 11	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2391 OLD	WARREN B DIXIE HIGHWAY BEACH FL 33404	☐ Delete	TITLE NAME STREE	1	,			Change	☐ Addition	10/0/ /0/04)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/O 2391	D, LEONARD A OLD DIXIE HIGHWAY BEACH FL 33404	☐ Delete					I	Change	Addition	Č
TITLE NAME STREET ADDRESS ' CITY-ST-ZIP		I, TINA M OLD DIXIE HIGHWAY BEACH FL 33404	☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUTLER, 1 2391 OLD		Delete	1	- 1			1	Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		- 1		140 07/0V// Florido Statutos I fi]	Change	Addition	

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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Da

SIGNATURE: MAN MONTH MAN SIGNATURE AND TYPED OR PRINTED NAME OF

561-842-2499 Daytime Phone #