

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

0139484

DOCUMENT # P99000093571

02-22-2001 90122 040 ***150.00

1. Entity Name

TEAM VEHICLE SALES, INC.

Principal Place of Business

1505 UNIVERSITY DR., SUITE 300
 CORAL SPRINGS FL 33071

Mailing Address

1505 UNIVERSITY DR., SUITE 300
 CORAL SPRINGS FL 33071

2. Principal Place of Business

11575 HERON Bay BLVD.

3. Mailing Address

11575 HERON Bay BLVD.

Suite, Apt. #, etc.

SUITE 303

Suite, Apt. #, etc.

SUITE 303

City & State

CORAL SPRINGS

City & State

CORAL SPRINGS, FL 33076

Zip

33076

Country

FLORIDA

Zip

33076

Country

USA

4. FEI Number

65-0963798

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CALLEJAS, MARIA C
C/O TRIVEST, INC.
2665 S. BAYSHORE DR., STE. 800
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

Tom MATA **Tom MATA** **V.P. Controller**

2/20/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	VANDENBERG, PETER JR	
STREET ADDRESS	C/O TRIVEST, INC. 2665 S. BAYSHORE DR. 800	
CITY-ST-ZIP	MIAMI FL 3313	
TITLE	COB	<input type="checkbox"/> Delete
NAME	POWELL, EARL W	
STREET ADDRESS	2665 S. BAYSHORE DR., 8TH FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	GUICE, JAMES C	
STREET ADDRESS	1505 UNIVERSITY DR., SUITE 300	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	CORNELL, DARRYL	
STREET ADDRESS	1505 UNIVERSITY DR., SUITE 300	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	AS	<input type="checkbox"/> Delete
NAME	KUFFNER, MARILYN D	
STREET ADDRESS	2665 S. BAYSHORE DR., 8TH FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPC	<input type="checkbox"/> Delete
NAME	MATA, THOMAS	
STREET ADDRESS	1505 UNIVERSITY DR., SUITE 300	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11575 HERON Bay BLVD, SUITE 303	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11575 HERON Bay BLVD, SUITE 303	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11575 HERON Bay BLVD, SUITE 303	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	

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:

Thomas MATA **Thomas MATA**

2-20-01

954-752-1514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)