

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

02-22-2001 90122 040 \*\*\*150.00

DOCUMENT # P99000093571

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

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

*Jon MATA* *Jon 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

TITLE D ☐ Delete  
NAME VANDENBERG, PETER JR  
STREET ADDRESS C/O TRIVEST, INC. 2665 S. BAYSHORE DR. 800  
CITY-ST-ZIP MIAMI FL 33133

TITLE COB ☐ Delete  
NAME POWELL, EARL W  
STREET ADDRESS 2665 S. BAYSHORE DR., 8TH FL  
CITY-ST-ZIP MIAMI FL

TITLE PCEO ☐ Delete  
NAME GUICE, JAMES C  
STREET ADDRESS 1505 UNIVERSITY DR., SUITE 300  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE EVP ☐ Delete  
NAME CORNELL, DARRYL  
STREET ADDRESS 1505 UNIVERSITY DR., SUITE 300  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE AS ☐ Delete  
NAME KUFFNER, MARILYN D  
STREET ADDRESS 2665 S. BAYSHORE DR., 8TH FL  
CITY-ST-ZIP MIAMI FL

TITLE VPC ☐ Delete  
NAME MATA, THOMAS  
STREET ADDRESS 1505 UNIVERSITY DR., SUITE 300  
CITY-ST-ZIP CORAL SPRINGS FL 33071

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 11575 HERON Bay BLVD, SUITE 303  
CITY-ST-ZIP CORAL SPRINGS, FL 33076

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 11575 HERON Bay BLVD, SUITE 303  
CITY-ST-ZIP CORAL SPRINGS, FL 33076

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

TITLE ☒ Change ☐ 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)

0139484