

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90004 040 \*\*\*158.75

DOCUMENT # **P99000093571** ✓  
1. Entity Name  
**TEAM VEHICLE SALES, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>11575 Heron Bay Boulevard</b>		3. Mailing Address <b>11575 Heron Bay Boulevard</b>	
Suite, Apt. #, etc. <b>Suite 303</b>		Suite, Apt. #, etc. <b>Suite 303</b>	
City & State <b>Coral Springs, FL</b>		City & State <b>Coral Springs, FL</b>	
Zip <b>33076</b>	Country <b>USA</b>	Zip <b>33076</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>650963778</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>MARIA CALLEJAS C/O TRIVEST, INC</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2665 S. Bayshore Drive, Suite 800</b>	
City <b>Miami</b>	Zip Code <b>FL 33133</b>

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) ☐

**January 1 - May 1, Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 <b>DIRECTOR (D)</b>	NAME <b>PETER VAN DEN BERG, JR.</b>
STREET ADDRESS <b>2665 S. Bayshore Drive, #800</b>	
CITY-ST-ZIP <b>Miami, FL 33133</b>	
TITLE <b>CHAIRMAN OF THE BOARD (C)</b>	NAME <b>EARL W. POWELL</b>
STREET ADDRESS <b>2665 S. Bayshore Drive, #800</b>	
CITY-ST-ZIP <b>Miami, FL 33133</b>	
TITLE <b>PRESIDENT &amp; CEO (P)</b>	NAME <b>JAMES C. GUICE</b>
STREET ADDRESS <b>11575 Heron Bay Boulevard, #303</b>	
CITY-ST-ZIP <b>Coral Springs, FL 33076</b>	
TITLE <b>EXECUTIVE V.P. (V)</b>	NAME <b>DARYL CORNELL</b>
STREET ADDRESS <b>11575 Heron Bay Boulevard, #303</b>	
CITY-ST-ZIP <b>Coral Springs, FL 33076</b>	
TITLE <b>ASSISTANT SECRETARY (S)</b>	NAME <b>MARILYN KUFFNER</b>
STREET ADDRESS <b>2665 S. Bayshore Drive, #800</b>	
CITY-ST-ZIP <b>Miami, FL 33133</b>	
TITLE <b>VICE PRESIDENT &amp; CONTROLLER (VP/C)</b>	NAME <b>THOMAS MATA</b>
STREET ADDRESS <b>11575 Heron Bay Boulevard, #303</b>	
CITY-ST-ZIP <b>Coral Springs, FL 33076</b>	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **DARYL CORNELL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/7/02**

Date

**954-752-1514**

Daytime Phone #

CR2E034B (12/01)