

**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 11575 Heron Bay Boulevard		3. Mailing Address 11575 Heron Bay Boulevard	
Suite, Apt. #, etc. Suite 303		Suite, Apt. #, etc. Suite 303	
City & State Coral Springs, FL		City & State Coral Springs, FL	
Zip 33076	Country USA	Zip 33076	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 650963798	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MARIA CALLEJAS C/O TRIVEST, INC

Street Address (P.O. Box Number is Not Acceptable)
2665 S. Bayshore Drive, Suite 800

City **Miami** FL Zip Code **33133**

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE DIRECTOR (D)	NAME PETER VAN DEN BERG, JR.	TITLE	NAME
STREET ADDRESS 2665 S. Bayshore Drive, #800	CITY-ST-ZIP Miami, FL 33133	STREET ADDRESS	CITY-ST-ZIP
TITLE CHAIRMAN OF THE BOARD (C)	NAME EARL W. POWELL	TITLE	NAME
STREET ADDRESS 2665 S. Bayshore Drive, #800	CITY-ST-ZIP Miami, FL 33133	STREET ADDRESS	CITY-ST-ZIP
TITLE PRESIDENT & CEO (P)	NAME JAMES C. GUICE	TITLE	NAME
STREET ADDRESS 11575 Heron Bay Boulevard, #303	CITY-ST-ZIP Coral Springs, FL 33076	STREET ADDRESS	CITY-ST-ZIP
TITLE EXECUTIVE V.P. (V)	NAME DARYL CORNELL	TITLE	NAME
STREET ADDRESS 11575 Heron Bay Boulevard, #303	CITY-ST-ZIP Coral Springs, FL 33076	STREET ADDRESS	CITY-ST-ZIP
TITLE ASSISTANT SECRETARY (S)	NAME MARILYN KUFFNER	TITLE	NAME
STREET ADDRESS 2665 S. Bayshore Drive, #800	CITY-ST-ZIP Miami, FL 33133	STREET ADDRESS	CITY-ST-ZIP
TITLE VICE PRESIDENT & CONTROLLER (VP/C)	NAME THOMAS MATA	TITLE	NAME
STREET ADDRESS 11575 Heron Bay Boulevard, #303	CITY-ST-ZIP Coral Springs, FL 33076	STREET ADDRESS	CITY-ST-ZIP

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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** **2/7/02** **954-752-1514**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)