

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90544 035 \*\*\*150.00

**DOCUMENT # P99000093571**

1. Entity Name

TEAM VEHICLE SALES, INC.



Principal Place of Business

11575 HERON BAY BLVD  
SUITE 303  
CORAL SPRINGS FL 33076  
US

Mailing Address

11575 HERON BAY BLVD  
SUITE 303  
CORAL SPRINGS FL 33076  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Don Kuffner* *Tom MATA V.P. Controller*

1/15/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. 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 **11575 HERON BAY BLVD, STE 303**  
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE **EVP** ☐ Delete  
NAME **CORNELL, DARRYL**  
STREET ADDRESS **11575 HERON BAY BLVD, STE 303**  
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

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 **11575 HERON BAY BLVD, STE 303**  
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*THOMAS MATA* **THOMAS MATA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03

Date

Daytime Phone #

954-752-1574

CR2E034 (10/02)