

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

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90149 027 \*\*\*150.00

DOCUMENT # V05078 ✓  
1. Entity Name  
Cuban American Golfer's Association

041014

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>782 NW 42 AVE</u> Suite, Apt. #, etc. <u>545</u> City & State <u>Miami, FL</u> Zip <u>33126</u>		3. Mailing Address <u>782 NW 42 AVE</u> Suite, Apt. #, etc. <u>545</u> City & State <u>Miami, FL</u> Zip <u>33126</u>	
Country <u>USA</u>		Country <u>USA</u>	

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4. FEI Number <u>65-0305876</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name <u>Emilio Alvarez</u>
Street Address (P.O. Box Number is Not Acceptable) <u>782 NW 42 AVE #545</u>
City <u>Miami</u> FL Zip Code <u>33126</u>

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 EA Emilio A. Alvarez DATE 4/15/02  
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"/>	<p>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</p>	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	NAME	TITLE	NAME
President	<u>Emilio A. Alvarez</u> <u>782 NW 42 AVE #545</u> <u>Miami, FL 33126</u>		
Vice President	<u>Roselio Consuegra</u> <u>6615 SW 47 ST</u> <u>Miami, FL 33155</u>		

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: EA Emilio A. Alvarez DATE 4/15/02 DAYTIME PHONE # (305) 444-6503  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)