

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90096 043 \*\*\*150.00

**DOCUMENT # K73498**

1. Entity Name  
**ALF'S GOLF SHOP INC.**

Principal Place of Business

% ALFONSO MARTINEZ  
 15369 S. DIXIE HIGHWAY  
 MIAMI FL 33157

Mailing Address

% ALFONSO MARTINEZ  
 15369 S. DIXIE HIGHWAY  
 MIAMI FL 33157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0102105**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, ALFONSO  
 15369 S. DIXIE HIGHWAY  
 MIAMI FL 33157

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, ALFONSO 10460 SW 64ST MIAMI FL 33173	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, EDWARD 9360 SW 102 ST MIAMI FL 33176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

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:

*Alfonso Martinez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/02

Date

305 378 6086

Daytime Phone #



*Attaching*

## WALD, COHEN & SCHNEIDER, P.A.

*Certified Public Accountants*

Earl A. Wald, C.P.A.  
Albert R. Cohen, C.P.A.  
Gary A. Schneider, C.P.A.

Members: American Institute of C.P.A.'s  
Florida Institute of C.P.A.'s

August 26, 2002

*871757*  
*# K 73498*

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

Re: Alf's Golf Shop, Inc.  
Fein: 65-0102105

Gentlemen:

At my client's request I am writing regarding the 2002 Uniform Business Report. My client never received the original tax package that was supposed to be sent to them in January 2002. We have just recently received the enclosed forms and are enclosing the completed forms along with a check for \$150. We do not feel we are responsible to pay a penalty due to not receiving the original form.

Your prompt attention to this matter would be greatly appreciated.

Sincerely,

WALD, COHEN & SCHNEIDER

*Albert R. Cohen CPA*

Albert R. Cohen  
Certified Public Accountant