

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 769356**

1. Entity Name

**TOURNAMENT OF THE AMERICAS, INC.****FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90035 005 \*\*\*\*61.25

**701696**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

3750 NW 87TH AVENUE  
SUITE 600  
MIAMI FL 33178  
US

Mailing Address

3750 N. W. 87 AVENUE  
SUITE 600  
MIAMI FL 33178  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-2397084**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ALEXANDER, WILLIAM  
13601 S.W. 103RD AVE.  
MIAMI FL 33176

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C/D  
ALEXANDER, WILLIAM  
13601 S.W. 103 AVENUE  
MIAMI FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
DAVID FINE  
DORAL GOLF RESORT & SPA  
4400 N.W. 87 Avenue  
Miami, Fl. 33178 ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
ARGAMASILLA, JOSE  
2100 BISCAYNE BLVD.  
MIAMI FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D/T  
ALEXANDER, JOHN  
7445 NW 12TH STREET  
MIAMI FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
BOHATCH, JOHN  
2600 DOUGLAS RD, PENTHOUSE 8  
CORAL GABLES FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
AGUILERA, GUIDO  
815 PONCE DE LEON BLVD  
CORAL GABLES FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ERANA, EDUARDO  
700 NW 107 AVE  
MIAMI FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 617, 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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Alexander

1/03/01

(305) 717-5600

Date

Daytime Phone #

CR2E037 (10/00)