

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/2/

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90014 037 \*\*\*150.00

**DOCUMENT # F90840**

1. Entity Name

**COUNTRY CLUB INVESTMENTS OF NORTH MIAMI, INC.**

Principal Place of Business

Mailing Address

**Morton R. Goudiss, Esq.** **Morton R. Goudiss, Esq.**

**P.O. Box 546514**

**P.O. Box 546514**

**Surfside, FL 33154-6514**

**Surfside, FL 33154-6514**

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 **59-2204896**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$0.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOUDISS, MORTON R.**

**P.O. Box 546514**

**Surfside, FL 33154-6514**

Name

**MORTON GOUDISS ATTORNEY**

Street Address (P.O. Box Number is Not Acceptable)

**1090 KANE CONDOURSE Suite 200**

City

**FL**

Zip Code

**33154**

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

*Morton Goudiss*

01-29-01

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 \$150.00**

**After MAY 1, 2001 Fee will be \$550.00**  
**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

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | <b>P</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>HIRSCH, IRA</b>        |                                 |
| STREET ADDRESS | <b>436 N E 125 STREET</b> |                                 |
| CITY-ST-ZIP    | <b>N MIAMI FL 33161</b>   |                                 |
| TITLE          | <b>ST</b>                 | <input type="checkbox"/> Delete |
| NAME           | <b>HIRSCH, SAM</b>        |                                 |
| STREET ADDRESS | <b>436 N E 125 STREET</b> |                                 |
| CITY-ST-ZIP    | <b>N MIAMI FL</b>         |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**IRA HIRSCH**

Date

**4/20/01**

Daytime Phone #

**305 543 6101**

CR2E034 (10/00)