## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 27, 2002 8:00 am Secretary of State F90840 DOCUMENT # COUNTRY CLUB INVESTMENTS OF NORTH MIAMI, INC. 05-27-2002 90379 012 \*\*\*150.00 Mailing Address Principal Place of Business MORTON R. GOUDISS, ESQ. MORTON R. GOUDISS. ESO. P.O. BOX 546514 P.O. BOX 546514 SURFSIDE FL 33154-6514 SURFSIDE FL 33154-6514 HS 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2204896 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 1090 **GOUDISS, MORTON R** Street Address (P.O. Box Number is Not Acceptable) 1999 KANE CONCOURSE SUITE 202 Zip Code **BAY HARBOR ISLAND FL 33154** City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE HIRSCH, IRA NAME NAME STREET ADDRESS 436 N E 125 STREET STREET ADDRESS N MIAMI FL 33161 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME HIRSCH, SAM NAME STREET ADDRESS 436 N E 125 STREET STREET ADDRESS CITY-ST-ZIP N MIAMI FL CITY-ST-ZIP ☐ Change Addition TITLÉ ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ODRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this fitting 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 frue and accurate and that my afginature 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 epoch 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 epochwered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF S