

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, ALFONSO 10460 SW 64ST MIAMI FL 33173 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, EDWARD 9360 SW 102 ST MIAMI FL 33176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 #

CR2E034 (4/02)



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