

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000009162**

1. Entity Name

MIAMI GOLF MACHINE, LLC

FILED

01 MAR 22 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

MIAMI

177 OCEAN LANE DR #711 key biscayne

2. Principal Place of Business

MIAMI

3. Mailing Address

177 OCEAN LANE DR #711

Suite, Apt. #, etc.
APT 711

Suite, Apt. #, etc.
3711

City & State
key biscayne FL

City & State
KEY BISCAYNE, FL

4. FEI Number
65-1043060

Applied For
Not Applicable

Zip
33149

Country
USA

Zip
33149

Country
USA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

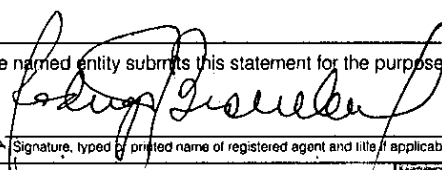
Name
RODRIGO BERNAL

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

177 OCEAN LANE DR #711

City
KEY BISCAYNE FL Zip Code
33149

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 

(NOTE: Registered Agent signature required when reinstating)

DATE

03/13/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

000003911930--0
-03/27/01--01055--011
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P.D./RODRIGO BERNAL ADDRESS ABOVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete ST/MERCEDES RODRIGUEZ ADDRESS ABOVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone # 305-365546

03/13/01

3053655412