2002 UNIFORM BUSINESS REPORT (UBR)

Mar 28, 2002 8:00 am **Secretary of State** DOCUMENT # L00000009162 1. Entity Name 03-28-2002 90124 045 ****50.00 MIAMI GOLF MACHINE LLC Principal Place of Business Mailing Address 177 OCEAN LANE DR., #711 177 OCEAN LANE DR., #711 **KEY BISCAYNE FL 33149** KEY BISCAYNE FL 33149 2. Principal Place of Business 3. Mailing Address 150 SE 25 RO 150 SE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-1043060 Elonida Not Applicable Country 22 A Zip 33 Zip \$5.00 Additional 5. Certificate of Status Desired 1LR A 3 3 Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Odri60 BERNAL BERNAL, RODRIGO Street Address (P.O. Box Number is Not Acceptable) 177 OCEAN LANE DR., #711 **KEY BISCAYNE FL 33149** Zip Code 33/29 8. The above named entity submits? is statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 02 SIGNATURE DATE printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES PD CR2E083 (9/01 TITLE ☐ Delete TITLE Change Addition BERNAL, RODRIGO NAME NAME STREET ADDRESS 177 OCEAN LANE DR., #711 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** ST Change TITLE Addition TITLE ☐ Delete RODRIGUEZ, MERCEDES NAME NAME STREET ADDRESS 177 OCEAN LANE DR., #711 STREET ADDRESS CITY-ST-ZIP **KEY BISCAYNE FL 33149** CITY-ST-ZIP ☐ Addition ☐ Delete □ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 thustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

SIGNATURE:

FILED

305.458 4859

Daytime Phone #