

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90116 031 \*\*\*\*55.00

0012635

**DOCUMENT # L00000009162**

1. Entity Name

**MIAMI GOLF MACHINE LLC**



Principal Place of Business

Mailing Address

150 SE 25 RD  
12J  
MIAMI FL 33129

150 SE 25 RD  
12J  
MIAMI FL 33129

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 **65-1043060**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERNAL, RODRIGO**  
150 SE 25 RD  
APT 12J  
MIAMI FL 33129

Name **Rodrigo BERNAL**  
Street Address (P.O. Box Number is Not Acceptable)  
**150 SE 25 RD APT 11 H**  
City **Miami** FL Zip Code **33129**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE PD  
NAME BERNAL, RODRIGO  
STREET ADDRESS 177 OCEAN LANE DR., #711  
CITY-ST-ZIP KEY BISCAIYNE FL 33149 ☐ Delete

TITLE  
NAME 150 SE 25 Rd. # ~~11H~~ 11H ☒ Change ☐ Addition  
STREET ADDRESS Miami FL 33129  
CITY-ST-ZIP

TITLE ST  
NAME RODRIGUEZ, MERCEDES  
STREET ADDRESS 150 SE 25RD APT 12J  
CITY-ST-ZIP MIAMI FL 33129 ☐ Delete

TITLE  
NAME 150 SE 25 Rd # 11H ☒ Change ☐ Addition  
STREET ADDRESS Miami, FL 33129  
CITY-ST-ZIP

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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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

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 #

CR2E083 (10/02)