

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000783

1. Entity Name

CLUB REALTY INTERNATIONAL, LLC

Principal Place of Business

1301 DOVE STREET, STE. 200  
NEWPORT BEACH CA 92660

Mailing Address

1301 DOVE STREET, STE. 200  
NEWPORT BEACH CA 92660

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

58-2356950

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLUMENKOPF, JAY  
% PROSKAUER ROSE  
2255 GLADES RD., SUITE 340 WEST  
BOCA RATON FL 33431-7360

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	MGRM	YI, CHINYOL	100 BAYVIEW CIRCLE, SUITE 4000 NEWPORT BEACH CA 92660	<input type="checkbox"/>		MGRM	YI, CHINYOL	1301 DOVE STREET, SUITE 200 NEWPORT BEACH, CA 92660	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	MGRM	YI, KYONG HUI	100 BAYVIEW CIRCLE, SUITE 4000 NEWPORT BEACH CA 92660	<input type="checkbox"/>		MGM	YI, KYONG HUI	1301 DOVE STREET, SUITE 200 NEWPORT BEACH, CA 92660	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	MGRM	WELCH, LOUIS	100 BAYVIEW CIRCLE, SUITE 4000 NEWPORT BEACH CA 92660	<input type="checkbox"/>		MGRM	WELCH, LOUIS	1301 DOVE STREET, SUITE 200 NEWPORT BEACH, CA 92660	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*Chinyol Yi*  
SIGNATURE REQUIRED

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

4/16/02

Date

(949) 250-8200

Daytime Phone #

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90033 027 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)