

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**  
 03-21-2001 90052 018 \*\*\*158.75

0233692

**DOCUMENT # P00000053212**

1. Entity Name  
**FLORIDA GOLF CART, INC.**

Principal Place of Business  
**4861 S.W. 147TH COURT**  
**MIAMI FL 33185**

Mailing Address  
**4861 S.W. 147TH COURT**  
**MIAMI FL 33185**

101804

2. Principal Place of Business  
**20251 SW 198 ST**  
 Suite, Apt. #, etc.

3. Mailing Address  
**20251 SW 198 ST**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI FL**  
 Zip  
**33187**

Country  
**Miami-Dade**

City & State  
**MIAMI FL**  
 Zip  
**33187**

Country  
**USA**

4. FEI Number  
**65-1013267**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BERROS, LUIS E**  
**4861 S.W. 147TH COURT**  
**MIAMI FL 33185**

7. Name and Address of New Registered Agent

Name  
**LUIS PERAZA**

Street Address (P.O. Box Number is Not Acceptable)  
**20251 SW 198 ST**

City **MIAMI** FL Zip Code **33187**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**03-19-01**

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

TITLE  
**PD**  
 NAME  
**BERROS, LUIS E**  
 STREET ADDRESS  
**4861 S.W. 147TH COURT**  
 CITY-ST-ZIP  
**MIAMI FL 33185**

☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PD**  
 NAME  
**PERAZA, LUIS**  
 STREET ADDRESS  
**20251 SW 198 ST**  
 CITY-ST-ZIP  
**MIAMI FL 33187**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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 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 life empowered.

SIGNATURE: *Luis Peraza*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-19-01**

Date

**305-278-1143**

Daytime Phone #

CR2E034 (10/00)