

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90066 034 ***150.00

DOCUMENT # P00000068903

1. Entity Name
A&E GOLF, INC.

Principal Place of Business
15369 S. DIXIE HIGHWAY
MIAMI FL 33157

Mailing Address
15369 S. DIXIE HIGHWAY
MIAMI FL 33157

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 **65-1024670**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HASNER, MARK M ESQ.
THERREL BAISDEN, P.A SUNTRUST INTL CENTER
ONE S.E. 3RD AVENUE SUITE 2400
MIAMI FL 33131

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D MARTINEZ, ALFONSO**
STREET ADDRESS **15369 S. DIXIE HIGHWAY**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D MARTINEZ, EDUARDO A**
STREET ADDRESS **15369 S. DIXIE HIGHWAY**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

Signature of Montez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/02
Date

305 673 6568
Daytime Phone #

CR2E034 (4/02)

Attachment



979467
#P00000068903

WALD, COHEN & SCHNEIDER, P.A.

Certified Public Accountants

Earl A. Wald, C.P.A.
Albert R. Cohen, C.P.A.
Gary A. Schneider, C.P.A.

Members: American Institute of C.P.A.'s
Florida Institute of C.P.A.'s

August 26, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Re: A & E Golf, Inc.
Fein: 65-1024670

Gentlemen:

At my client's request I am writing regarding the 2002 Uniform Business Report. My client never received the original tax package that was supposed to be sent to them in January 2002. We have just recently received the enclosed forms and are enclosing the completed forms along with a check for \$150. We do not feel we are responsible to pay a penalty due to not receiving the original form.

Your prompt attention to this matter would be greatly appreciated.

Sincerely,

WALD, COHEN & SCHNEIDER

Albert R. Cohen
Certified Public Accountant