## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## DOCUMENT #

Principal Place of Business

P01000039855

Mailing Address

1. Entity Name

GOLF MASTERS, INC.



**FILED** Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90104 039 \*\*\*158.75

MIAMI FL 331	34	MIAMI FL 33134	AMI FL 33134			20009662				
2 Demainal I	Diagraf During		·							
2209	Place of Business N. Commerce PKwy	3. Mailing Address				( + + + + + + + + + + + + + + + + + + +	11::: B B 1 U U	19318 18181 1818	I BITOL BITLIBE	
Suite, Apt. #, etc.  Amersuite Plaza  Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING			CHANGES	}		
City & Sta	Ston, Fl	City & State			<b>4.</b> F	El Number 65-1115746	,		pplied For lot Applicable	
<sup>z</sup> 2333	26 Country USA	Zip	Country	/	<b>5.</b> C	Certificate of Status Desired		\$8.75 Ac Fee Requir		
	6. Name and Address of Current R		Name	7. N	lame and Address of New Reg		Agent			
TABORDA		THE THE PARTY OF T								
2655 LEJEUNE ROAD STE 1110				Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL 33134			-	<del> </del>						
		. •	-	City			FL	Zip Co	de	
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 .	У									
OIGITATIONE .	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE:	Registered A	gent signature req	uired when rei	nstating)	DATE	<del></del>		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of \$	State				Election Campaign Finan     Trust Fund Contribution.	cing _		00 May Be d to Fees	
10.	OFFICERS AND D	IRECTORS	11.		ADI	DITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	S IN 11	
TITLE Name Street address City-St-Zip	D Taborda, omar 2655 Lējeune Road Ste 1110 Miami Fl 33134	☐ Delete	TITLE NAME STREET CITY-SI	ADDRESS ZIP		•		☐ Change	☐ Addition	
TITLE NAME Street address City-St-Zip	D ESPINOSA, MIGUEL E 2655 LEJEUNE ROAD STE 1110 MIAMI FL 33134	☐ Delete	TITLE NAME STREET, CITY-ST	ADDRESS				☐ Change	Addition	
TITLE NAME STREET AODRESS DITY-ST-ZIP	D LOPEZ, MAGALY E 2655 LEJEUNE ROAD STE 1110 MIAMI FL 33134	☐ Delete	TITLE NAME STREET	ADDRESS -ZIP	. "			Change	☐ Addition	
ITLE IAME STREET ADDRESS SITY-ST-ZIP		☐ Delete	TITLE NAME STREET A	II.				☐ Change	Addition	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET A					☐ Change	☐ Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST				~	☐ Change	☐ Addition	
2. Thereby c	ertify that the information supplied with th	is filing eldes per quarry for the	he exemn	tion stated in	Section 1	19.07(3)(i) Florida Statutes I fur	thor corti	ify that the i	oformation	

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 10 or Block 11 if changed, or on an attachment with an address, with all the like impowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR