

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90052 010 \*\*\*150.00

**DOCUMENT # P01000059246**

**1. Entity Name**  
**CUBAN GOLF CART SERVICES, CORP.**

**Principal Place of Business**

**11320 S.W. 46 ST.**  
**MIAMI FL 33165**

**Mailing Address**

**11320 S.W. 46 ST.**  
**MIAMI FL 33165**

**2. Principal Place of Business**

**1675 W 42 ST**

Suite, Apt. #, etc.

**101**

**3. Mailing Address**

**1675 W 42 ST**

Suite, Apt. #, etc.

**101**

**City & State**

**HIALEAH FL**

**City & State**

**HIALEAH FL**

**4. FEI Number**

**65112634**

**Applied For**

**Not Applicable**

**Zip**

**33012**

**Country**

**USA**

**Zip**

**33012**

**Country**

**USA**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ALFONSO, LOAN**  
**11320 S.W. 46 ST.**  
**MIAMI FL 33165**

**7. Name and Address of New Registered Agent**

**Name LOAN ALFONSO**

**Street Address (P.O. Box Number is Not Acceptable)**  
**1675 W 42 ST APT 101**

**City HIALEAH**

**FL**

**Zip Code 33012**

**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**

**04-10-02**

**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, 2002 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 DP**  
**NAME ALFONSO, LOAN**  
**STREET ADDRESS 11320 S.W. 46 ST.**  
**CITY-ST-ZIP MIAMI FL 33165**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE LOAN ALFONSO**  
**NAME**  
**STREET ADDRESS 1675 W 42 ST #101**  
**CITY-ST-ZIP HIALEAH FL 33012**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE**  
**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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-10-02 (305) 338-5762**

Date

Daytime Phone #

CR2E034 (9/01)