2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P94000043569** 1. Entity Name FILED AEF&G GOLF, INC. 01 MAR 29 AM 9:03 Mailing Address Principal Place of Business SECRETARY OF STATE TALLAHASSEE FLORIDA 524 ARTHUR GODFREY ROAD 524 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140 MIAMI BEACH FL 33140-3528 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. City & State City & State 65-0507414 \$8.75 Additional cate of Status Desired Fee Required ame and Address of New Registered Agent 6. Name and Address of Current Registered Ag FUNSU MARTINE 2 KOLTUN, DENNIS A 7101 S.W. 102ND AVE. **MIAMI FL 33171** 14 D 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 Fiorida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY-1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE MARTINEZ, ALFONSO NAME MARTINEZ, JORGE F NAME ARTHUR GODFREY STREET ADDRESS STREET ADDRESS 524 ARTHUR GODFREY RD. MIAMI BEACH, FL 33140 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 Addition Change TITLE Delete TITLE MONTES, FRANCISCO 524 ARTHUR GODFREY RD NAME NAME MARTINEZ, EDUARDO A STREET ADDRESS STREET ADDRESS 524 ARTHUR GODFREY RD. MIANI BEACH, FL 33140 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 1000039589<sup>Cling</sup>i <sup>OAddilleg</sup> TITLE TITLE NAME KOULTON, DENNIS A NAME -04/04/01--01061--027 STREET ADDRESS STREET ADDRESS 7101-S.W. 102ND-AVE. \*\*\*\*750.00 \*\*\*\*750.00 CITY-ST-ZIF CITY-ST-ZIP **MIAMI FL 33171** ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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 AND TREE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

rge MARTINEZ 3/2

(305) 673-6568

Davime Phone #