

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000067569

1. Entity Name

MIAMI GOLF, INC.

FILED

Apr 10, 2000 8:00 am  
Secretary of State

04-10-2000 90015 033 \*\*\*150.00

A9035218



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
4000 HOLLYWOOD BLVD 350N HOLLYWOOD FL 33021 US		4000 HOLLYWOOD BLVD 350N HOLLYWOOD FL 33021-6789 US	
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	65-0521414	Applied For	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GREENBERG JEFFREY M. 11790 S.W. 89TH STREET MIAMI FL 33186-2166		Name Greenberg, Jeffrey M. Street Address (P.O. Box Number is Not Acceptable) 9700 So. Dixie Hwy. Ste. 900 City Miami FL Zip Code 33156	

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 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	---	-----------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBERG, JAY	NAME	Gamberg, Jay
STREET ADDRESS	11790 S.W. 89TH ST.	STREET ADDRESS	9700 S. Dixie Hwy. Ste. 900
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Miami, FL 33156
TITLE	STD <input type="checkbox"/> Delete	TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBERG, SARA	NAME	Gamberg, Sara
STREET ADDRESS	11790 S.W. 89TH ST.	STREET ADDRESS	9700 S. Dixie Hwy. Ste. 900
CITY-ST-ZIP	MIAMI FL 33186-2166	CITY-ST-ZIP	Miami, FL 33156
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG JEFFREY M.	NAME	Greenberg, Jeffrey M.
STREET ADDRESS	11790 S.W. 89TH ST.	STREET ADDRESS	9700 S. Dixie Hwy. Ste. 900
CITY-ST-ZIP	MIAMI FL 33186-2166	CITY-ST-ZIP	Miami, FL 33156
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-4-00 Daytime Phone #