

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

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90199 028 \*\*\*150.00

0220458 AV

DOCUMENT # **P96000081049**

1. Entity Name  
**C-H GOLF I VENTURES, INC.**



Principal Place of Business

~~0700 S DOUGLAS RD~~  
~~MIRAMAR FL 33025~~  
~~USA~~

Mailing Address

**701 BRICKELL AVENUE**  
**SUITE 3000**  
**MIAMI FL 33131**  
**USA**

2. Principal Place of Business

**7590 West Atlantic Blvd**

3. Mailing Address

**7590 West Atlantic Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Margate, Florida**

City & State

**Margate, Florida**

4. FEI Number

**65-0704386**

Applied For

Not Applicable

Zip

**33063**

Country

**USA**

Zip

**33063**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION**  
**701 BRICKELL AVENUE**  
**SUITE 3000**  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **DPOE COHEN, IRA**  
STREET ADDRESS ~~4950 NORTHWEST 110TH WAY~~  
CITY-ST-ZIP ~~GORAL SPRINGS FL 33076~~

TITLE  Change  Addition  
NAME  
STREET ADDRESS **7590 W. ATLANTIC BLVD**  
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE  Delete  
NAME **T HOCHBERG, STEPHEN L**  
STREET ADDRESS ~~850 BOYLSTON ST~~  
CITY-ST-ZIP ~~CHESTNUT HILL MA 02467~~

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME ~~AS~~ **AMONSON, MARK I**  
STREET ADDRESS ~~701 BRICKELL AVE~~  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/31/03** Daytime Phone # **954-979-9446**

CR2E094 (10/02)