

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90213 006 ***150.00

DOCUMENT # P97000003194

1. Entity Name

TEE TIME INVESTMENTS, INC.

Principal Place of Business

946 SW 27 AVE
MIAMI FL 33135

Mailing Address

~~PO BOX 810251~~ P.O. BOX 14-1832
~~MIAMI FL 33135~~ CORAL GABLES, FL
33114

2. Principal Place of Business

4800 RIVIERA DR

3. Mailing Address

P.O. BOX 14-1832

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL 33114

Zip

33146

Country

U.S.A.

Zip

33114

Country

U.S.A.

4. FEI Number

65-0724302

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACHADO, CARLOS M. ESQ.
1000 BRICKELL AVENUE
SUITE 600
MIAMI FL 33131
MACHADO, EMILIA C.
4800 RIVIERA DR.
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name MACHADO, EMILIA C.

Street Address (P.O. Box Number is Not Acceptable)
4800 RIVIERA DR

City CORAL GABLES

FL

Zip Code 33146

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 EMILIA C. MACHADO, PRES.
Emilia C. Machado

1/22/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PSD	<input checked="" type="checkbox"/> Delete
NAME	MACHADO, CARLOS M	
STREET ADDRESS	1409 URBINO AVE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACHADO, JULIO C	
STREET ADDRESS	4800 RIVIERA DR	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MACHADO, MARIA P	
STREET ADDRESS	1409 URBINO AVE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACHADO, EMILLIA C	
STREET ADDRESS	4800 RIVIERA DR	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACHADO, JULIO C.	
STREET ADDRESS	4800 RIVIERA DR.	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACHADO, EMILIA C.	
STREET ADDRESS	4800 RIVIERA DR.	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Emilia C. Machado
RED PRESIDENT

1/22/02

305-666 0645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)