2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P9700063800** May 04, 2000 8:00 am Secretary of State GOLF HOLLYWOOD , INC. 05-04-2000 90145 020 ***150.00 Principal Place of Business Mailing Address 8760 S.W. 160 ST 1600 JOHNSON STREET MIAMI FL 33157-3521 HOLLYWOOD FL 33020 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEL Number City & State City & State 65-0775861 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Alan wei +201 KOSLOW, ALAN B Street Address (P.O. Box Number is Not Acceptable) 3111 STIRLING ROAD FORT LAUDERDALE FL 33312 8760 S.W. 160 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing, requirement and elects to do so. 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 ☐ Change TITLE ☐ Delete TITLE LOTTES, DAVID M NAME NAME STREET ADDRESS STREET ADDRESS 1600 JOHNSON STREET CITY-ST-ZIP CITY-ST-ZIP **HOLLYWOOD FL 33020** Change | ☐ Addition PSTD TITLE ☐ Delete TITLE -WEITZEL, ALAN NAME NAME STRÈET ADDRESS 8760 S.W. 160 ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33157** Addition ☐ Change TITLE. ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PROJECT OR SIGNING OFFICER OR DIRECTOR

Pres. 4/22/00 305-251-7859