

2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91513 017 ***150.00

DOCUMENT # **P97000075026**
1. Entity Name
MIKE SCHERFFIUS GOLF INC.

DO NOT WRITE IN THIS SPACE

643235

2. Principal Place of Business 2700 N.E 135TH ST Suite, Apt. #, etc. 25 City & State NORTH MIAMI, FL Zip 33181 Country		3. Mailing Address 2700 N.E 135TH ST Suite, Apt. #, etc. 25 City & State NORTH MIAMI, FL Zip 33181 Country	
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4. FEI Number 65-0781314	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name
SCHERFFIUS, MICHAEL

Street Address (P.O. Box Number is Not Acceptable)
2700 N.E 135TH ST #25

City
NORTH MIAMI FL Zip Code
33181

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 _____ (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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **3/12/02 (305) 795-2309**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #