

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

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90501 042 \*\*\*150.00

DOCUMENT # P98000012394

1. Entity Name

THE GOLF WIDOW, INC.

**DO NOT WRITE IN THIS SPACE**

670457

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3501 MAGELLAN CIRCLE

3. Mailing Address

3501 MAGELLAN CIRCLE

Suite, Apt. #, etc.

# 631

Suite, Apt. #, etc.

# 631

City & State

AVENTURA, FL

City & State

AVENTURA FL

4. FEI Number

65-0822948

Applied For

Not Applicable

Zip

33180

Country

Zip

33180

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

NEIL GOODMAN

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

20201 NE 15 COURT

City

NORTH MIAMI

FL

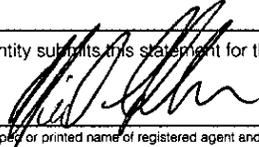
Zip Code

33179

**DO NOT WRITE  
IN THIS SPACE**

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



NEIL GOODMAN

4-30-02

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)

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.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOODMAN, TONI
STREET ADDRESS	3501 MAGELLAN CIRCLE #631
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	SD
NAME	GOODMAN, NEIL
STREET ADDRESS	3501 MAGELLAN CIRCLE #631
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:



NEIL GOODMAN

4-30-02

(305) 770-5466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)