

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075148

1. Entity Name

GOLF EXPERTEES, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90305 007 ***150.00

Principal Place of Business

2329 CORAL WAY
MIAMI FL 33145

Mailing Address

2329 CORAL WAY
MIAMI FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0859599**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYLEN, IAN J ESQ.
1925 BRICKELL AVE., SUITE D-207
MIAMI FL 33129

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.

SIGNATURE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **STOCK, GUILLERMO**
STREET ADDRESS **611 MALAGA AVE.**
CITY-STATE-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE **DVP** ☐ Delete
NAME **STOCK, DENNIS**
STREET ADDRESS **2000 TOWERSIDE TR. TOWER II #1505**
CITY-STATE-ZIP **MIAMI SHORES FL 33138**

TITLE **DVP** ☒ Change ☐ Addition
NAME **STOCK, DENNIS**
STREET ADDRESS **780 NE 69 ST Ap 2403**
CITY-STATE-ZIP **Miami FL 33138**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-STATE-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-STATE-ZIP ☐ Change ☐ Addition

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 any other like empowered.

SIGNATURE:

Guillermo Stock DP

4/19/01

(305)857-3737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

01653394