

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

DOCUMENT # P99000042964

1. Entity Name

GOLF RESORT MARKETING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11420 SW 109th Road

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Miami, Florida 33176

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0980758

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name
Bustamante, William M.

Street Address (P.O. Box Number is Not Acceptable)
11420 SW 109th Road

City
Miami

FL

Zip Code
33176

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)



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 Neuwirth, Magdalena
NAME
STREET ADDRESS 11420 SW 109th Road
CITY-ST-ZIP Miami, Florida 33176

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/200

(305) 358-9731

Date

Daytime Phone #

CR2E034B (12/01)