

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N21228**

1. Entity Name

**BOWLING TOURNAMENTS OF THE AMERICAS ASSOCIATION,**

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90086 027 \*\*\*\*61.25

Principal Place of Business

Mailing Address

17601 NW 2ND AVE  
MIAMI FL 33169

17601 NW 2ND AVE  
MIAMI FL 33169-5001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0008563**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WATSON, PAULETTE**  
**844 NW 81 WAY**  
**PLANTATION FL 33324**

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAMIANOS, FRED	
STREET ADDRESS	20105 NE 3RD CT, CONDO 2	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	LITMAN, JULES	
STREET ADDRESS	17011 NE 19TH AVE	
CITY-ST-ZIP	N-MIAMI BEACH FL 33162	
TITLE	MST	<input type="checkbox"/> Delete
NAME	WATSON, PAULETTE	
STREET ADDRESS	844 NW 81 WAY	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRAWITZ, TED	
STREET ADDRESS	1050 WILSHIRE CIR W	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROMANIK, THOMAS	
STREET ADDRESS	17601 NW 2ND AVE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROMANIK, MICHAEL	
STREET ADDRESS	17601 NW 2ND AVE	
CITY-ST-ZIP	MIAMI FL 33169	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paulette Watson* PAULETTE WATSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2000 305-652-4197  
Date Daytime Phone #

CR2E037 (9/99)