

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-22-2002 90320 037 ****61.25

DOCUMENT # N21228

1. Entity Name

BOWLING TOURNAMENTS OF THE AMERICAS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1901 NW 2ND AVE
 MIAMI FL 33169

17601 NW 2ND AVE
 MIAMI FL 33169

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

Name

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

City

FL

Zip Code

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

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 **D** Delete
 NAME **DAMIANOS, FRED**
 STREET ADDRESS **20105 NE 3RD CT, CONDO 2**
 CITY-ST-ZIP **MIAMI FL 33179**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME ~~LITMAN, JULES~~
 STREET ADDRESS **17011 NE 19TH AVE**
 CITY-ST-ZIP **N MIAMI BEACH FL 33162**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MS** Delete
 NAME **WATSON, PAULETTE**
 STREET ADDRESS **844 NW 81 WAY**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **KRAWITZ, TED**
 STREET ADDRESS **1050 WILSHIRE CIR W**
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ROMANIK, THOMAS**
 STREET ADDRESS **17601 NW 2ND AVE**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **ROMANIK, MICHAEL**
 STREET ADDRESS **17601 NW 2ND AVE**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE Change 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)(1), 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:

SIGNATURE REQUIRED

Paulette Watson 5/27/02 305-652-4197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (9/01)