

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 283427

1. Entity Name

SKY BOWL ENTERPRISES, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90032 016 ***150.00

Principal Place of Business

5700 COLLINS AVE
% H. VINEBERG
MIAMI BEACH FL 33140

Mailing Address

5700 COLLINS AVE
% H. VINEBERG
MIAMI BEACH FL 33140-2314



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1055880

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

KASOFF, LOUIS
605 IVES DAIRY RD.
N. MIAMI FL 33179

Name

MAX S BRESLOW

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

7700 N KENDALL DR 805

City

MIAMI, FL

FL

Zip Code

33156

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/00

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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	VINEBERG, HAROLD	5700 COLLINS AVE	MIAMI BCH. FL	<input type="checkbox"/>
VD	PEAL, STANLEY	5240 N. BAY RD.	MIAMI BCH. FL	<input type="checkbox"/>
SD	KASOFF, LOUIS	6051 IVES DAIRY RD	N MIAMI FL 33179	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
S	MAX S BRESLOW	7700 N KENDALL DR 805	MIAMI, FL 33156	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)