

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

DOCUMENT # 529087

1. Entity Name

CLOVERLEAF LANES, INC.

FILED

02 MAY -6 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17601 NW 2nd Avenue

3. Mailing Address

17601 NW 2nd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

59-1726333

Applied For

Not Applicable

Zip

33169

Country

Zip

33169

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CORPCO, INC.

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

2699 South Bayshore Drive, 7th Floor

City

Miami

FL

Zip Code
33133

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement to the Secretary of State 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
NAME
STREET ADDRESS
CITY-ST-ZIP

D/S/T
Romanik, Tom
17601 NW 2nd Avenue
Miami, FL 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Romanik, Norma
17601 NW 2nd Avenue
Miami, FL 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Romanik, Christopher
17601 NW 2nd Avenue
Miami, FL 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D/VP
Romanik, Michael
17601 NW 2nd Avenue
Miami, FL 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D/P
Romanik, Douglas
17601 NW 2nd Avenue
Miami, FL 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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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:

Douglas W. Romanik, President 2/15/02 305652-4977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)