FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 727642

GREATER MIAMI JUNIOR BOWLING ASSOCIATION, INC.

Princip	oal Place of
14455	SW 98 CT
MIAM	FL 33176
US	

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

14455 SW 98 CT MIAMI FL 33176

2a. Mailing Address

Suite, Apt. #, etc.

US

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FILED Feb 09, 1999 8:00am **Secretary of State**

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Applied For

Not Applicable

3. Date Incorporated or Qualifed

NOT APPLICABLE

10/04/1973

4. FEI Number

City & State City & State					5. Certificate of Status Desired S8.75 Add					
	28				Fee Required					
Zip	Country	Zip		Country		6. Election Campaign Fil			\$5.00	•
	25	29	30			Trust Fund Contribution			Added to	Fees
9. Na	ne and Address of Current I	Registered Agent				10. Name and Address	of New F	Registered	Agent	
				81	Name					
SMITH MARIA R		gamenta managamenta ara		82	Street Addre	ass (P.O. Box Number is No	Accepta	ble)		<u>.</u>
14455 SW 98 CT	Marghate March Balling and Arabid	ing at the artificial in the con-	•	Ш		<u> </u>	,			
MIAMI FL 33176	•			83				•		
	0			84	City				85 Zip C	ode '
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office or registered	visions of Sections 617.0502 agent, or both, in the State of	Florida, Such change w	as authorized	d by 1	ine corporatio	on's board of directors. I here	Dy acce	ot the appo	ınımenı as reg	ISIGI CO >:
े agent. I am familiai	with, and accept the obligation	ns of, Section 617.0503	, Florida Stat	utes.		化工厂制造的 藝	\$ 45° E''	\$	riedialukteitala	r staning)
IGNATURE	ped or printed name of registered agent a	ad title if applicable	NOTE: Perieters	L Agent	ekonature required	f when reinstating)		DATE		<u> </u>
, Signature, ty	ped or printed name of registered agent a OFFICERS AND		13.	1 veligini	piliterine reducer	ADDITIONS/CHANGES	TO OF		ND DIRECTOR	RS IN 12
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AME PEDRO	MIVE		22 N							
1	W 126 TERRACE				ADDRESS					
	FL 33156 377 78 1.5			TY-S					•	
ITY-ST-ZIP . MIAMI	L 30130	☐ DELET							☐ Change	Addition
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	SW 105TH AVE	ASSELLATE OF	· .		ADDRESS					٠.
	FL 00000		34.0	TY-S	T-ZIP	•	•			
TILE D		☐ DELET					-		Change	Additio
	I, JOAN		4.21	AME					g a g gray a g grass	- 18 F15 - 0 F1
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rry-st-zip MIAMI	<u></u>	1;	4.4 C	สา-รา	-ZIP	<u>, i ,</u> i i , i , i , i	<u>) </u>			場。
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IKEEI AUUKESSI	FL (37.7		6.3 \$	TREET	ADDRESS	٠.				
TTV. ST. 71D				ITY-ST						· [,-*
4. I hereby certify tha	the information supplied with	this filing does not qual	ify for the exe	mpti	on stated in S	Section 119.07(3)(i), Florida \$	Statutes.	I further ce	rtify that the in	formation

officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Flyinda Statutes; and that my name appears in Block 12 or Block 13 if changed, or on appatiachment with an address with all other like empowered.