

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727642

1. Entity Name

GREATER MIAMI JUNIOR BOWLING ASSOCIATION, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90003 025 ****61.25

Principal Place of Business	Mailing Address
14455 SW 98 CT MIAMI FL 33176 US	14455 SW 98 CT MIAMI FL 33176-7822 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent
SMITH, MARIA R 14455 SW 98 CT MIAMI FL 33176

7. Name and Address of New Registered Agent
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
<i>Maria R. Smith</i>			1/5/00

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	ST <input type="checkbox"/> Delete
NAME	SMITH, MARIA R
STREET ADDRESS	14455 SW 98 CT
CITY-ST-ZIP	MIAMI FL 33176
TITLE	D <input type="checkbox"/> Delete
NAME	PEDRO, MIKE
STREET ADDRESS	8560 SW 126 TERRACE
CITY-ST-ZIP	MIAMI FL 33156
TITLE	P <input type="checkbox"/> Delete
NAME	RAUCH, MICKEY
STREET ADDRESS	10950 SW 105TH AVE
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	Vice President <input type="checkbox"/> Delete
NAME	DILLON, JOAN
STREET ADDRESS	9352 SW 40TH TERR
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> Delete
NAME	Jim Deleonardis
STREET ADDRESS	11225 SW 109 AVE
CITY-ST-ZIP	MIA, FLA 33176
TITLE	At Arms <input type="checkbox"/> Delete
NAME	Bruce Garey
STREET ADDRESS	75 NE 171 ST
CITY-ST-ZIP	N MIA Bch, FLA 33162

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Brown
STREET ADDRESS	1841 SW 94 AVE
CITY-ST-ZIP	MIA FLA 33165
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Valerie Rockwood
STREET ADDRESS	8480 SW 178 ST
CITY-ST-ZIP	MIA FLA 33157
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Diller
STREET ADDRESS	14455 SW 98 CT
CITY-ST-ZIP	MIA FLA 33176
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean Black
STREET ADDRESS	13600 N Kendall DR
CITY-ST-ZIP	MIA FLA 33186
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bob Slater
STREET ADDRESS	9761 Caribbean Blvd
CITY-ST-ZIP	MIA FLA 33189
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Masey Blake
STREET ADDRESS	11025 SW 151 Terr
CITY-ST-ZIP	MIA FLA 33157

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 another like empowered.

SIGNATURE: <i>Maria R. Smith</i>	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E037 (9/99)