

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-10-2002 90024 023 ****61.25

DOCUMENT # 727642

1. Entity Name

GREATER MIAMI JUNIOR BOWLING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

14455 SW 98 CT
 MIAMI FL 33176
 US

14455 SW 98 CT
 MIAMI FL 33176
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

SMITH, MARIA R
 14455 SW 98 CT
 MIAMI FL 33176

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

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 ST
 SMITH, MARIA R
 14455 SW 98 CT
 MIAMI FL 33176 *Secy-Trea* ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 PEDRO, MIKE
 8560 SW 126 TERRACE
 MIAMI FL 33158 *Director* ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 RAUCH, MICKEY
 10950 SW 105TH AVE
 MIAMI FL **Delete* ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 V
 DILLON, JOAN
 9352 SW 40TH TERR
 MIAMI FL *Vice-Pres.* ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P
 DELEONARDIS, JIM
 11225 SW 109 AVE
 MIAMI FL 33176 *Pres.* ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SAA
 GAREY, BRUCE
 75 NE 171 ST
 N MIAMI BEACH FL 33162 *Dgt at Gm.* ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Hopper, Robert
 11902 SW 273 ST
 Mia Fla 33032 *Director* ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Martelli, Elizabeth
 26723 SW 122 PL
 Mia Fla 33032 *Director* ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-02

305-232-0044

CR2037 (9/01)