

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-05-2001 90078 022 ****61.25

DOCUMENT # 734227

1. Entity Name

DADE COUNTY BOWLERETTES, INC.

Principal Place of Business

Mailing Address

1300 ST CHARLES PLACE #717
 PEMBROKE PINES FL 33026
 US

1300 ST CHARLES PLACE #717
 PEMBROKE PINES FL 33026
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6522859

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

GOLDSTEIN, PHILLIP J
9210 SW 72 ST, STE 101
MIAMI FL 33173

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	<input type="checkbox"/> Delete
P	PETTY, CAROLE	18520 N W 82ND AVE.	HALEAH FL 33015	<input type="checkbox"/>
VP	GOLDSTEIN, SHELLY	9420 SW 102ND ST	MIAMI FL 33176	<input type="checkbox"/>
D	FRIEDMAN, ROBERT J	1920 E HALLANDALE BLVD	HALLANDALE FL	<input checked="" type="checkbox"/>
ST	MANNING, IRIS	1300 ST CHARLES PL #717	PEMBROKE PINES FL	<input type="checkbox"/>
D	WILLIAMS, KATHY	P.O. BOX 610581	N. MIAMI FL 33261-0581	<input type="checkbox"/>
SA	BEANS, LIZ	1106 N. PARK RD.	HOLLYWOOD FL 33021	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	MARY-JANE KERSTON	2965 AZALEA DR.	COOPER CITY, FL 33026	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	DOROTHY FASO	2903 CAYENNE AVE	COOPER CITY, FL 33026	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 all other like empowered.

SIGNATURE:

Carole Petty **REQUIFER CAROLE PETTY**

Date

1/7/01

Daytime Phone #

CR2E037 (10/00)