

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90132 003 ****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

Zip

Country

Zip

Country

4. FEI Number

59-6522859

Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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	P <input type="checkbox"/> Delete
NAME	PETTY, CAROLE
STREET ADDRESS	18520 N W 82ND AVE.
CITY-ST-ZIP	HIALEAH FL 33015
TITLE	VP <input type="checkbox"/> Delete
NAME	GOLDSTEIN, SHELLY
STREET ADDRESS	9420 SW 102ND ST.
CITY-ST-ZIP	MIAMI FL 33176
TITLE	D <input type="checkbox"/> Delete
NAME	KERSTON, MARY J
STREET ADDRESS	2965 AZALEA DR
CITY-ST-ZIP	COOPER CITY FL 33026
TITLE	ST <input type="checkbox"/> Delete
NAME	MANNING, IRIS
STREET ADDRESS	1300 ST CHARLES PL #717
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	D <input type="checkbox"/> Delete
NAME	WILLIAMS, KATHY
STREET ADDRESS	P.O. BOX 610581
CITY-ST-ZIP	N. MIAMI FL 33261-0581
TITLE	D <input type="checkbox"/> Delete
NAME	FASO, DOROTHY
STREET ADDRESS	2903 CAYENNE AVE
CITY-ST-ZIP	COOPER CITY FL 33026

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *IRIS B. MANNING* 1/19/02 954-435-0993

CR2E037 (9/01)