

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 734227

1. Entity Name
DADE COUNTY BOWLERETTES, INC.



Principal Place of Business
9650 SOUTH BELFORT CIRCLE
TAMARAC, FL 33321 US

Mailing Address
9650 SOUTH BELFORT CIRCLE
TAMARAC, FL 33321 US



01032008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

GOLDSTEIN, PHILLIP J
4914 SW 72ND AVENUE
MIAMI, FL 33155

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PETTY, CAROLE
STREET ADDRESS	18520 N W 82ND AVE.
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	VP
NAME	GOLDSTEIN, SHELLEY
STREET ADDRESS	9420 SW 102ND ST.
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	ST
NAME	HAMMOND, SANDRA
STREET ADDRESS	9650 SOUTH BELFORT CIRCLE
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/28/09-80017-024-61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SANDRA HAMMOND

Date

Daytime Phone #