


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90076 014 ****61.25

DOCUMENT # 734227

1. Entity Name
DADE COUNTY BOWLERETTES, INC.



Principal Place of Business Mailing Address

1300 ST CHARLES PLACE #717 **1300 ST CHARLES PLACE #717**
PEMBROKE PINES FL 33026 **PEMBROKE PINES FL 33026**
US **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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

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 checked="" 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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: *[Signature]* **REQUIRED IRIS B. MANNING 1/20/03 954-435-0993**

CR2E037 (10/02)