

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90050 025 \*\*\*\*61.25

**DOCUMENT # N01000001147**

1. Entity Name

**JUNIOR BOWLING PROGRAM, INC.**



Principal Place of Business

**PIPER LANES  
11021 S.W. 176 STREET  
MIAMI FL 33157**

Mailing Address

**PIPER LANES  
11021 S.W. 176 STREET  
MIAMI FL 33157**

**50010576**



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1080976**

Applied For

Not Applicable

Zip

Country

Zip

Country

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  
11021 S.W. 176 STREET  
MIAMI FL 33157**

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

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  
Due By May 1, 2005**

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 **PD** ☐ Delete  
NAME **PEDRO, MIKE**  
STREET ADDRESS **8560 S.W. 126**  
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **SD** ☐ Delete  
NAME **SMITH, MARIA**  
STREET ADDRESS **11021 S.W. 176 STREET**  
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☒ Delete  
NAME **HOPPER, ROBERT**  
STREET ADDRESS **11902 SW 273 ST**  
CITY-ST-ZIP **MIAMI FL 33032**

TITLE **T** ☒ Delete  
NAME **NALLE, KYLE "KASEY"**  
STREET ADDRESS **11025 SW 155 TERRACE**  
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☒ Delete  
NAME **HULSE, MICHELE**  
STREET ADDRESS **20251 SW 103 AVE**  
CITY-ST-ZIP **MIAMI FL 33189**

TITLE **TREASURER** ☐ Delete  
NAME **Robert SLATER**  
STREET ADDRESS **9761 CARIBBEAN BLVD**  
CITY-ST-ZIP **Miami, FLA 33189** *New*

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VICE PRESIDENT** ☐ Change ☐ Addition  
NAME **PAUL BOLLER**  
STREET ADDRESS **27210 SW 153 AVE**  
CITY-ST-ZIP **HOMESTEAD, FLA 33032** *New*

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

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

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

*MARIA SMITH* *1/28/05* *305 232-0044*