2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 12, 2000 8:00 am Secretary of State **DOCUMENT # N06429** 1. Entity Name PIG BOWL CHARITY FUND, INC. 04-12-2000 90083 040 ****61.25 Mailing Address Principal Place of Business 9105 N.W. 25TH ST. 9105 N.W. 25TH ST. MIAMI FL 33172-1500 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2429592 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ROOSEVELT, JIM 9601 NW 58TH ST. **MIAMI FL 33178** City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Make Check Payable to **FILE NOW:** Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME HELLER, IRVING NAME STREET ADDRESS STREET ADDRESS 9105 NW 25TH ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME JANOSKY, HARIETT STREET ADDRESS STREET ADDRESS 9105 NW 25 ST. CITY-ST-ZIP CITY-ST-ZIP miami fl ☐ Change ☐ Addition ☐ Delete TSD TITLE TITLE NAME NAME ROOSEVELT, JAMES STREET ADDRESS 9601 NW 58TH ST. STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Miami Fl ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

City-St-7IP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AME OF SIGNING OFFICER OF DIRECTOR

4-6-00

305-715-5010

Daylime Phone #

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