

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000057455**

1. Entity Name
MASTER BOWLING SUPPLY INC

Principal Place of Business Mailing Address
7225 N.W. 25 ST #306
Miami FL 33122 *Same*

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

FILED
01 AUG 10 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE
4. FEI Number ☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JOSE E DECASTRO
7225 N.W. 25 ST SUITE 306
Miami FL 33122

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.
SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CP2F034 (11/00)

10/2

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation MASTER BOWLING SUPPLY INC.

Thank you for your courtesy in this matter.



JOSE E DECASTRO
PRESIDENT