

2001 UNIFORM BUSINESS REPORT (UBR)

5/14

FILED
Jun 08, 2001 8:00 am
Secretary of State

05-14-2001 90210 001 ***150.00

DOCUMENT # P00000060750

1. Entity Name

BOW MEOW INC.

Principal Place of Business

1042 FAIRFIELD MEADOWS DRIVE
WESTON FL 33327

Mailing Address

1042 FAIRFIELD MEADOWS DRIVE
WESTON FL 33327

2. Principal Place of Business

19401 Sheridan St.

Suite, Apt. #, etc.

Pembroke Pines

City & State

FL

Zip

33332

Country

USA

3. Mailing Address

19401 Sheridan St.

Suite, Apt. #, etc.

Pembroke Pines, FL

City & State

33332

Zip

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1022021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ENRIQUEZ, STEPHEN C
19 WEST FLAGLER STREET
SUITE 600
MIAMI FL 33130

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

(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.
(See criteria on back) ☐

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
JAAR, ANA M
1042 FAIRFIELD MEADOWS DRIVE
WESTON FL 33327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BONILLA, MARY
1042 FAIRFIELD MEADOWS DRIVE
WESTON FL 33327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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:

Mary C. Bonilla - Mary C. Bonilla

4/30/01

Date

(954) 434-8656

Daytime Phone #

CR2034 (10/00)