

**2001 UNIFORM BUSINESS REPORT (UBR)**

5/1/

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90061 028 \*\*\*150.00

**DOCUMENT # P93000067076**

1. Entity Name

**BOWLING INVESTMENT CORP.**

Principal Place of Business

Mailing Address

**2 S BISCAYNE BLVD  
STE 3400  
MIAMI FL 33131  
US****2 S BISCAYNE BLVD  
STE 3400  
MIAMI FL 33131  
US****40779**

2. Principal Place of Business

**200 S. Biscayne Blvd.,**

3. Mailing Address

**200 S. Biscayne Blvd.**

Suite, Apt. #, etc.

**Suite # 4100**

Suite, Apt. #, etc.

**Suite # 4100**

City &amp; State

**Miami, Florida 33131**

City &amp; State

**Miami, Florida**

Zip

**33131**

Country

Zip

**33131**

Country

4. FEI Number

**65-0506013**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES INC  
1 BISCAYEN TOWER STE 3400  
2 S BISCAYEN BLVD  
MIAMIO FL 33131**

7. Name and Address of New Registered Agent

Name

**RIVE Corporate Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

**200 South Biscayne Blvd., Suite # 4100**

City

**Miami**

FL

Zip Code

**33131**

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, registered name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**5/21/01**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 ☒ Delete**PSTD  
NAME MORATA, FERNANDO M  
STREET ADDRESS 2 S BISCAYNE BKVD STE 3400  
CITY-ST-ZIP MIAMI FL**TITLE ☐ Delete**PST  
NAME MARTINEZ, LUIS J  
STREET ADDRESS 2 S BISCAYNE BLVD., STE3400  
CITY-ST-ZIP MIAMI FL 33131**TITLE ☐ Delete**D  
NAME MARTINEZ, JOSE A  
STREET ADDRESS 2 S BISCAYNE BLVD., STE 3400  
CITY-ST-ZIP MIAMI FL 33131**TITLE ☐ Delete**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**TITLE ☐ Delete**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**TITLE ☐ Delete**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**TITLE ☐ Change ☐ Addition**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**TITLE ☐ Change ☐ Addition**TITLE  
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CITY-ST-ZIP**TITLE ☐ Change ☐ Addition**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**TITLE ☐ Change ☐ Addition**TITLE  
NAME  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)