

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90043 034 \*\*\*150.00

**DOCUMENT # P94000086914**

1. Entity Name  
**THE SHOW WORKS, INC.**

Principal Place of Business

**328 CRANDON BLVD  
 SUITE 225  
 KEY BISCAYNE FL 33149  
 US**

Mailing Address

**328 CRANDON BLVD  
 SUITE 225  
 KEY BISCAYNE FL 33149  
 US**

2. Principal Place of Business

**2911 Bridgeport Avenue**

3. Mailing Address

**2911 Bridgeport Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Coconut Grove, FL**

City & State  
**Coconut Grove, FL**

4. FEI Number **65-0545748**

Applied For  
 Not Applicable

Zip  
**33133**

Country  
**Miami-Dade**

Zip  
**33133**

Country  
**Miami-Dade**

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

**PENALVER, AURORA  
 1101 BRICKELL AVE SUIE 1700  
 MIAMI FL 33131**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PTD  
 BILOWIT, WILLIAM  
 328 CRANDON BLVD SUITE 225  
 KEY BISCAYNE FL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**2911 Bridgeport Avenue  
 Coconut Grove, FL 33133** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VSD  
 ORIHUELA, GRELA  
 328 CRANDON BLVD SUITE 225  
 KEY BISCAYNE FL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**2911 Bridgeport Avenue  
 Coconut Grove, FL 33133** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

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☐ Delete

TITLE  
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☐ Change ☐ Addition

TITLE  
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 CITY-ST-ZIP  
☐ 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 of justice 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

**William Bilowit, Pres. 2-22-02 305-445-2030**

Date

Daytime Phone #

CR2E034 (9/01)