

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000060905

1. Entity Name

P.C. BOWL INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90144 003 ***150.00

Principal Place of Business

9895 SW 96TH STREET
MIAMI FL 33176

Mailing Address

9895 SW 96TH STREET
MIAMI FL 33176-2802

2. Principal Place of Business

3. Mailing Address

1389 N.W. 136th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1389 N.W. 136th Avenue

City & State

City & State

SUNRISE, Florida

Zip

Country

Zip

33323

Country

UNITED STATES

4. FEI Number

59-3456405

Applied For

Not Applicable

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

CARTER, PAULA S
9895 SW 96TH STREET
MIAMI FL 33176

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, 2000 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 ☐ Delete
NAME PD
STREET ADDRESS CARTER, PAULA S
CITY-ST-ZIP 9895 SW 96TH STREET
MIAMI FL 33176

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

TITLE ☐ Delete
NAME STD
STREET ADDRESS TEMENSKI, MICHAEL
CITY-ST-ZIP 9702 GAYTON RD, STE 296
RICHMOND VA 23233

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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: x

Paula Carter / REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paula Carter
(President)

4/19/00

(954) 846-8400

Date

Daytime Phone #

CR2E034 (9/99)