

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 18, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000062016**1. Entity Name
THE R.C. BOWEN COMPANY

Principal Place of Business	Mailing Address
1221 BRICKELL AVE	POST OFFICE BOX 14-5298
STE 911	
MIAMI FL	CORAL GABLES FL
33131 US	33114

2. Principal Place of Business	3. Mailing Address
1221 BRICKELL AVE	

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 911	

City & State	City & State
MIAMI FL	

Zip	Country	Zip	Country
33131	US		

4. FEI Number	Applied For
65-0782374	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**BOWEN REGIE C**
710 NE 47TH STREET

OAKLAND PARK FL
33334 US**7. Name and Address of New Registered Agent**

Name	BOWEN REGIE C
Street Address (P.O. Box Number is Not Acceptable)	1221 BRICKELL AVENUE
SUITE 911	
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 **REGIE C. BOWEN****01/18/2001**

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	PSTD	<input type="checkbox"/> Delete
NAME	BOWEN REGIE C	
STREET ADDRESS	1221 BRICKELL AVE- STE 911	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWEN REGIE C	
STREET ADDRESS	1221 BRICKELL AVE SUITE 911	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Regie C. Bowen**PRES 01/18/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)