

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009790

1. Entity Name

NICOLA BOWEN PERSONAL ARTIST MANAGEMENT, INC. ✓

**FILED**  
**Sep 01, 2000 8:00 am**  
**Secretary of State**

09-01-2000 90056 028 \*\*\*550.00

Principal Place of Business

1040 JEFFERSON AVENUE  
 SUITE 3  
 MIAMI BEACH FL 33139

Mailing Address

1040 JEFFERSON AVENUE  
 SUITE 3  
 MIAMI BEACH FL 33139

2. Principal Place of Business

728 Ocean Drive  
 Suite, Apt. #, etc.

3. Mailing Address

728 Ocean Drive  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami Beach

City & State

Miami Beach

4. FEI Number

650 891645

Applied For

Not Applicable

Zip Country  
 FL 33139 USA

Zip Country  
 FL 33139 USA

Zip Country  
 FL 33139 USA

Zip Country  
 FL 33139 USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

REUS, ALEXANDER ESQ  
 1040 JEFFERSON AVENUE  
 SUITE 3  
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name REUS, Alexander ESQ

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

5201 Blue Yagoon Drive #100  
 City Miami FL Zip Code 33126

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 D ☐ Delete  
 NAME BOWEN, NICOLA  
 STREET ADDRESS 1040 JEFFERSON AVENUE, SUITE 3  
 CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 100 NE 46th STR.  
 CITY-ST-ZIP Miami FL 33137

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/00

Date

305 672 3556

Daytime Phone #

CR2E034 (5/00)