

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90107 046 ***150.00

DOCUMENT # P99000056822

1. Entity Name
THE BOWIE LAW CENTER, P.A.

Principal Place of Business

**915 NW 2ST AVENUE H2403
 MIAMI FL 33136**

Mailing Address

**P O BOX 214
 YONKERS NY 10710**

2. Principal Place of Business

853 NW 4th Avenue
 Suite, Apt. #, etc.

3. Mailing Address

POB 214
 Suite, Apt. #, etc.

City & State

Plantation, NY

City & State

Yonkers NY

4. FEI Number

65-0935459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BOWIE, APRIL D
 19390 COLLINS AVE DR.
 SUNNY ISLES BCH FL 33160**

7. Name and Address of New Registered Agent

Name **Bowie, April D.**

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

16141 SW 14th Terrace

City **Miami**

FL

Zip Code **33196**

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/02

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

TITLE **P** ☐ Delete
 NAME **BOWIE, APRIL D**
 STREET ADDRESS **P O BOX 800251**
 CITY-ST-ZIP **AVENTURA FL 33180-0251**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **16141 SW 14th Terrace**
 CITY-ST-ZIP **Miami, FL 33196**

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

TITLE ☐ Change ☐ Addition
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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 #

4/24/02

CR2E034 (9/01)