

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-26-2000 90043 037 ***150.00

DOCUMENT # P99000088139

1. Entity Name

BOWL, INC.

Principal Place of Business

Mailing Address

**520 BRICKELL KEY DRIVE
 SUITE 0-305
 MIAMI FL 33131**

**520 BRICKELL KEY DRIVE
 SUITE 0-305
 MIAMI FL 33131-2610**

2. Principal Place of Business

808 Brickell Key dr.

3. Mailing Address

520 Brickell Key dr.

Suite, Apt. #, etc.

Unit 903

Suite, Apt. #, etc.

Unit 506

City & State

Miami FL

City & State

Miami FL

Zip

33131

Country

USA

Zip

33131

Country

USA

4. FEI Number

X 65-0954968

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FREEMAN, STEPHEN A
 520 BRICKELL KEY DRIVE
 SUITE 0-305
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

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

TITLE **D** Delete
 NAME **CONSTANDSE, NINOTCHKA**
 STREET ADDRESS **808 BRICKELL KEY DRIVE UNIT 903**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 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

Ninotchka Constandse

Date

15-02-2000

Daytime Phone #

(305) 3749649

2000 10000