

TO BE AMENDED  
FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 18 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000108282

1. Entity Name

BOB'S BILLIARD, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7172 N. UNIVERSITY DR.

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMARAC, FL

City & State

4. FEI Number

65-0969598

Applied For

☒ Not Applicable

Zip

33312

Country

BROWARD

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Robert A. Madrid

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

1412 Congressional Way

City

Deerfield Bch, FL

Zip Code

33442

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.

TO BE AMENDED.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10-10-02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT  
GUSTAVO GAVIRIA  
31 CENTENNIAL COURT  
Deerfield Bch, FL 33442

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VICE - PRESIDENT  
ROBERT A. MADRID  
1412 CONGRESSIONAL WAY  
Deerfield Bch, FL 33442

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TREASURER  
CARMEN TORRES  
3527 WILES ROAD  
Coconut Creek, FL 33073

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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700008528827  
10/23/02--01003--002 \*\*\$61.25

DO NOT WRITE  
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-02

Date

954-351-9273

Daytime Phone #

CR2E034B (12/01)