

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 283427

1. Entity Name  
**SKY BOWL ENTERPRISES, INC.**

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90032 016 \*\*\*150.00

Principal Place of Business

5700 COLLINS AVE  
 % H. VINEBERG  
 MIAMI BEACH FL 33140

Mailing Address

5700 COLLINS AVE  
 % H. VINEBERG  
 MIAMI BEACH FL 33140-2314



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1055880**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KASOFF, LOUIS**  
**605 IVES DAIRY RD.**  
**N. MIAMI FL 33179**

7. Name and Address of New Registered Agent

Name **MAX S BRESLOW**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7700 N KENDALL DR 805**  
 City **MIAMI, FL** Zip Code **33156**

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 *W S Breslow*  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE *2/22/00*

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	PD	<input type="checkbox"/> Delete
NAME	VINEBERG, HAROLD	
STREET ADDRESS	5700 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PEAL, STANLEY	
STREET ADDRESS	5240 N. BAY RD.	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KASOFF, LOUIS	
STREET ADDRESS	6051 IVES DAIRY RD	
CITY-ST-ZIP	N MIAMI FL 33179	
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		<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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*S*  
**MAX S BRESLOW**  
**7700 N KENDALL DR 805**  
**MIAMI, FL 33156**

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: *H. Vineberg*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)