

Amended

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

PD2000079450

Anyways Bar, Inc.



FILED

03 NOV 13 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1753 N. Andrews Sq Ext

Suite, Apt. #, etc.

3. Mailing Address

1753 N. Andrews Sq Ext

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

030475654

Applied For

Not Applicable

Zip

33311

Country

Zip

33311

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

Bernadette Zizzo

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

1753 N. Andrews Sq. Ext.

City

Ft. Lauderdale FL

Zip Code

33311

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Bernadette Zizzo, President 10/24/03

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

(NOTE: Registered Agent signature required with re-registering)

DATE

January 1, May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President,
Bernadette Zizzo
1753 N. Andrews Sq. Ext
Ft. Lauderdale, FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000024620590
11/13/03-01011-015 **61.25

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bernadette Zizzo 10/24/03(954)766-2552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/02)