

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P02000079450*

1. Entity Name

Anyways Bar, Inc.



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1753 N. Andrews Ave. Ext.

Suite, Apt. #, etc.

3. Mailing Address

1880 S.W. 67th Ter.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Lauderdale, Fla.

City & State

Plantation, Fla.

4. FEI Number

030475654

Applied For

Not Applicable

Zip

33314

Country

USA

Zip

33317

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Cathy L. Josey

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

1880 SW 67th Terrace

City

Plantation

FL

Zip Code

33317

**DO NOT WRITE
IN THIS SPACE**

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

Cathy L. Josey

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

(NOTE: Registered Agent signature required when reinstating)

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
Cathy L. Josey
1880 S.W. 67th Terrace
Plantation, Fl. 33317*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*200024942582
11/24/03--01013--009 **61.25*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*Secretary
Cathy L. Josey
1880 S.W. 67th Terrace
Plantation, Fl. 33317*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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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)(l), 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:

Cathy L. Josey *Cathy L. Josey*

Nov. 19, 2003

954 584-6971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)