## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 23, 2001 8:00 am Secretary of State DOCUMENT # P93000030827 THE ABC OUTLET, INC. 03-23-2001 90002 015 \*\*\*150.00 Principal Place of Business Mailing Address 777 SOUTH CONGRESS AVE. 888 BROADWAY DELRAY FL 33445 NEW YORK NY 10003 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0410087 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CONEYS, KAREN Street Address (P.O. Box Number is Not Acceptable) 777 S. CONGRESS AVE. **DELRAY BEACH FL 33445** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CSD TITLE □ Delete ☐ Change ☐ Addition TITLE WEINRIB, JEROME NAME NAME STREET ADDRESS 888 BROADWAY STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **NEW YORK NY 10003** TITLE ☐ Delete TITLE Change ☐ Addition NAME LANDY, DAVID NAME STREET ADDRESS 1530 WHITEHALL DRIVE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33324 CITY-ST-ZIP TITLE Delete TITLE ~~[=] Change · 🔲 Addition~ NAME CONEYS, KAREN NAME STREET ADDRESS 888 BROADWAY STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10003** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR