

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025048

1. Entity Name  
**ANYTHING GOES OUTLET, INC.**

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90092 045 \*\*\*150.00

Principal Place of Business  
**2134 WEST ATLANTIC AVENUE  
DELRAY BEACH FL 33444**

Mailing Address  
**2134 WEST ATLANTIC AVENUE  
DELRAY BEACH FL 33445-4635**

**708156**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**11501 BEACON POINTE LANE**

3. Mailing Address  
**11501 BEACON POINTE LANE**

City & State  
**WELLINGTON FL**

City & State  
**WELLINGTON FL**

4. FEI Number  
**22-3475064**

Applied For  
☐ Not Applicable

Zip  
**33414**

Country  
**USA**

Zip  
**33414**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**SHEPARD & LESKAR, P.A.  
100 S. PINE ISLAND RD., #201  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name  
**MINDY BAYARSKY**  
Street Address (P.O. Box Number is Not Acceptable)  
**11501 BEACON POINTE LANE**  
City  
**WELLINGTON FL** Zip Code  
**33414**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P. BAYARSKY, MARK  
1229 AVENUE Y  
BROOKLYN NY** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-18-00**

Date Daytime Phone #