

# 2000 UNIFORM BUSINESS REPORT (UBR)

1/27/00-90038-015-\$158.75-\$158.75

DOCUMENT # P98000052098

1. Entity Name

ISHYU OUTLET, INC.

ISHYU OUTLET INC.

Principal Place of Business Mailing Address

THE OASIS AT SAWGRASS MILLS

2604 SAWGRASS MILLS CIRCLE

SPACE #1105, SUNRISE, FL 33323

TEL: (954) 835-9365

same as shown across

FILED

00 MAR -7 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0851775

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDSTON, STEVEN  
10727 SW 104TH ST  
MIAMI FL 33176

Name

PHOTIOS COUMIDIS

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

1967 NW 170th TERRACE

PEMBROKE ISLES

City

PEMBROKE PINES

FL

Zip Code

33028

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.

PHOTIOS COUMIDIS

V.P. FINANCE

Feb 28/00

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME KITMAN, STANLEY  
STREET ADDRESS 2000 ISLAND RD  
CITY-ST-ZIP WILLIAMS ISLAND FL 33180

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VP  
NAME YOUNG, JO ANN  
STREET ADDRESS 8401 SCHOOLHOUSE RD  
CITY-ST-ZIP MIAMI FL 33143

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SP  
NAME LOUMIOTIS, PHOTIOS  
STREET ADDRESS 1967 NW 170 TERR  
CITY-ST-ZIP PEMBROKE PINES FL 33028

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

COUMIDIS PHOTIOS  
Same

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

SP

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

PHOTIOS COUMIDIS

Jan 17/00

7173160

X 210

Date

Daytime Phone #

CR2E034 (9/99)