

2000 UNIFORM BUSINESS REPORT (UBR)

10F2

DOCUMENT # P99000055836

1. Entity Name
ABC RESTAURANT WORLD SERVICES, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 13 AM 8:22

Principal Place of Business Mailing Address
11098 BISCAYNE BLVD ← SAME
#405
MIAMI FL 33161

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MARK J ABRAMSON, ESQ
11098 BISCAYNE BLVD
#405
MIAMI FL 33161

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] MARK J. ABRAMSON 9-8-00
Signature, typed or printed name of registered agent and title if applicable. (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	<u>IRENE ABRAMSON PRES</u> <input type="checkbox"/> Delete <u>11098 Bisc Blvd</u> <u>Miami FL 33161</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Irene E. Abramson Irene E. Abramson 9/8/00 4455322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

-2-

P99000055836

September 5, 2000

ABC RESTAURANT WORLD SERVICES, INC.
1135 WEEPING WILLOW WAY
HOLLYWOOD, FL 33019

SUBJECT: ABC RESTAURANT WORLD SERVICES, INC.
Ref. Number: P99000055836

Pursuant to our telephone conversation of September 5, 2000, I am enclosing the form(s) you have requested.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Andy Dunlap
Document Specialist Supervisor

Letter Number: 000A00046985

To whom it may concern I never received any of these forms prior to yesterday 9/7/00
Arene Abramson

10F2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 SEP 13 AM 10:41

DOCUMENT # P98000009606

1. Corporation Name
 A 2ND LOOK BOUTIQUE, INC.

2. Principal Office Address
 18509 W. DIXIE HWY.

3. Mailing Office Address
 18509 W. DIXIE HWY.

05-01-99 90031 034 \$150.00

City & State
 N. MIAMI BEACH, FL

City & State
 N. MIAMI BEACH, FL

Zip Country
 33180 USA

Zip Country
 33180 USA

4. Date Incorporated or Qualified To Do Business in Florida
 1/28/98

5. FEI Number
 65-0808123

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
 GAIL PRESSON

Street Address (P.O. Box Number is Not Acceptable)
 18509 W. DIXIE HIGHWAY

Suite, Apt. #, Etc.

City
 NORTH MIAMI BEACH

State
 FL

Zip Code
 33180

800003401118-1
 -09/22/00--01002--007
 *****150.00 *****150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent
 [Signature]

REGISTERED AGENT MUST SIGN

Date
 9/8/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPYST	GAIL PRESSON	18509 W. DIXIE HWY	N. MIAMI BEACH, FL 33180

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
 9/8/00

Daytime Phone #

A 2ND LOOK BOUTIQUE, INC.
18509 West Dixie Highway
North Miami Beach, FL 33180
(305) 932-4499

P9800091606

September 7, 2000

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: A 2nd Look Boutique, Inc. - Corporation Reinstatement

Gentlemen:

Enclosed please find an application for reinstatement of the subject corporation along with its check for \$150. Upon instructions from your office, we are requesting abatement of the penalty for non-filing of the 2000 Uniform Business Report due to the fact that the report was sent to the registered agent of record. The registered agent, an attorney, did not forward the report to the officer of the corporation. The 1999 annual filing fee has been paid. However, your Department sent a rejection letter in May to the same registered agent, who again did not forward same to the officer of the corporation.

On August 16, 2000 the registered agent sent a letter to the officer instructing her to fill out a reinstatement for a non-profit corporation. After investigating further, upon advice from the corporation's accountants and contacting your office, we completed and are sending the correct reinstatement form.

We appreciate your assistance and courtesy in this matter.

Sincerely,

Gail Presson, President