

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90416 046 ***150.00

DOCUMENT # F94000005576
 1. Entity Name
MATISSES' YOGURT, INC.

Principal Place of Business Mailing Address
 6831-F HOLLISTER AVE P.O. BOX 3319
 GOLETA CA 93117 SARASOTA FL 34230-3319
 US

2. Principal Place of Business 3. Mailing Address
101 WILLOW LAKE DR.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
PALM DESERT, CA. City & State
92260 Country **US** Zip Country



DO NOT WRITE IN THIS SPACE

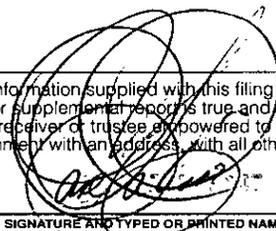
4. FEI Number **77-0079673** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Name and Address of Current Registered Agent
MATISSE, CARL
3800 S. TAMIAMI TRAIL
#100
SARASOTA FL 34239
 7. Name and Address of New Registered Agent
 Name **GEORGE FAMILIO, JR.**
 Street Address (P.O. Box Number is Not Acceptable)
1634 MAIN ST.
 City **SARASOTA** FL Zip Code **34236**

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  DATE **04-16-2000**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	CP <input type="checkbox"/> Delete MATISSE, CARL 20 WHISPERING SANDS DR, S. TOWER UNIT 1206 SARASOTA FL 34242	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MATISSE, CARL 101 WILLOW LAKE DR. PALM DESERT, CA. 92260
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVT <input type="checkbox"/> Delete MATISSE, ELIZABETH 20 WHISPERING SANDS DR, S. TOWER UNIT 1206 SARASOTA FL 34242	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MATISSE, JEAN 101 WILLOW LAKE DR. PALM DESERT, CA. 92260
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 reports 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:  **4-15-00** **(760) 773-0605**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 19/991