2001 UNIFORM BUSINESS REPORT (UBR)

.2001 UNIFORM BUSINESS REPORT (UBR)				FILED		
DOCUMENT # P96000078450 1. Entity Name ONLINEFOOD.COM INC.				Mar 19, 2001 8:00 am Secretary of State 03-19-2001 90064 036 ***150.00		
Principal Place of Business 28 A HILL RU. PARSIPPANY NJ 07054		Mailing Address 28 A Hill -RD. PARSIFFANY NJ 07054			7415	
2. Principal Place of Business 267 U.S., H/6HWAY 46 E. Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
DENVILLE N.J.		City & State		4. FEI Number 59-3420036	Applied For Not Applicable	
07837	Country 6. Name and Address of Current 6	Zip	Country	Certificate of Status Desired Name and Address of New Ro	\$8.75 Additional Fee Required	
DUBNOFF, RICHARD 907 YEW CT KISSIMMEE FL 34747			Name Street Address	Name Street Address (P.O. Box Number is Not Acceptable)		
KISS	IMMEE FL 34/4/		City		FL Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or regist	tered agent, or both, in the State of Flo	ida.	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signature require	red when reinstating)	DATE	
Tax filling requirement and elects to do so After MAY 1, 200			FEE IS \$150.00 I Fee will be \$550.00 to Department of St			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND I PD DUBNOFF, RICHARD 907 YEW CT KISSIMMEE FL 34747	DIRECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 11 Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The state of the s	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALL SECTION WAS	Delete	TITLE NAME STREET ADDRESS CITY-ST: ZIP	Parks (18	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 securate 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: MCLAUG SULVE 31 146, 33 7230 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE SI						