

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059043

i. Entity Name

CLICK FOOD X.PRESS, INC.

FILED

May 10, 2000 8:00 am
Secretary of State

05-10-2000 90132 023 ***150.00

Principal Place of Business BIRD AVENUE SUITE 124 COCONUT GROVE FL 33133-4668	Mailing Address 2809 BIRD AVENUE SUITE 124 COCONUT GROVE FL 33133-4668
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4521 PGA BLVD Suite, Apt. #, etc. 108 City & State PALM BEACH GARDENS, FL Zip 33410 Country USA	3. Mailing Address 4521 PGA BLVD Suite, Apt. #, etc. 108 City & State PALM BEACH GARDENS, FL Zip 33410 Country USA
---	---

4. FEI Number 65-0765542	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MATLIN, BRIAN 2809 BIRD AVENUE SUITE 124 COCONUT GROVE FL 33133-4668	7. Name and Address of New Registered Agent Name FRED C. KRISS Street Address (P.O. Box Number is Not Acceptable) 4521 PGA BLVD, UNIT 108 City PALM BEACH GARDENS, FL Zip Code 33410
--	--

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 FRED C. KRISS 4-25-2000
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$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	T CUTIERREZ, LUZ 2809 BIRD AVENUE COCONUT GROVE FL 33133 <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	D MATLIN, JORDON S 7890 CORAL WAY MIAMI FL 33165 <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	DVP METZ, DEWAYNE 2809 BIRD AVENUE COCONUT GROVE FL 33133-4668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KRIS, FRED 2809 BIRD AVENUE COCONUT GROVE FL 33133-4668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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
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 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: FRED C. KRISS 4-25-00 561-863-1232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)