

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084096

1. Entity Name

CLICK INTERCONNECT, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90026 019 \*\*\*158.75

Principal Place of Business

10400 N.W. 33RD STREET  
SUITE 290  
MIAMI FL 33172

Mailing Address

10400 N.W. 33RD STREET  
SUITE 290  
MIAMI FL 33172-5904

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

65-0787512

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE-SUE, VICTOR  
10400 N.W. 33RD STREET  
SUITE 290  
MIAMI FL 33172

Name

BRIAN INGALLS

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

10400 N.W. 33 STREET

SUITE 290

City

MIAMI

FL

Zip Code

33172

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.

(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 MICHAEL WILSON  
STREET ADDRESS 1648 SW 157TH AVE  
CITY-ST-ZIP PEMBROKE PINES FL



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE VP  
NAME ALFREDO NARAIN  
STREET ADDRESS 9810 SW 138TH AVE  
CITY-ST-ZIP MIAMI FL



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE TS  
NAME VICTOR LEE-SUE  
STREET ADDRESS 15564 SW 111TH TERR  
CITY-ST-ZIP MIAMI FL



TITLE TS  
NAME JEFFREY MASON  
STREET ADDRESS 3230 NW 63 STREET  
CITY-ST-ZIP FORT LAUDERDALE, FL 33309



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Alfredo Narain*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)