

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90069 041 \*\*\*150.00

**DOCUMENT # P99000012390**

1. Entity Name  
**CLIKTRAVEL.COM, INC.**

Principal Place of Business  
**110 E BROWARD BLVD  
 FORT LAUDERDALE FL 33301**

Mailing Address  
**110 E BROWARD BLVD  
 FORT LAUDERDALE FL 33301**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0897669**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**SMITH, DENNIS D  
 C/O TRIPP SCOTT  
 110 SE 6TH STREET, 15TH FLOOR  
 FORT LAUDERDALE FL 33301**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2001 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	<b>CD</b> <b>EGAN, MICHAEL S</b> <b>333 EAST LAS OLAS</b> <b>FORT LAUDERDALE FL 33301</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>ALLEN, CELESTE V</b> <b>110 E BROWARD AVE</b> <b>FORT LAUDERDALE FL 33301</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>TRIPP, NORMAN D</b> <b>110 SE 6 STREET</b> <b>FORT LAUDERDALE FL 33301</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>NOUSS, STEVE</b> <b>110 E BROWARD BLVD</b> <b>FORT LAUDERDALE FL 33301</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASD</b> <b>ARTHUR, ROSALIE</b> <b>333 SE 6 STREET 28 FLOOR</b> <b>FORT LAUDERDALE FL 33301</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>SEGUAL, ROBIN</b> <b>110 E BROWARD BLVD</b> <b>FORT LAUDERDALE FL 33301</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>Egan, Michael S.</b> <b>110 E. Broward Blvd.</b> <b>Fort Lauderdale, FL 33301</b>	<input checked="" 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	<b>AT</b> <b>Garcia, Norberto</b> <b>110 E. Broward Blvd.</b> <b>Fort Lauderdale, FL 33301</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASD</b> <b>Arthur, Rosalie</b> <b>110 E. Broward Blvd.</b> <b>Fort Lauderdale, FL 33301</b>	<input checked="" 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:** Norberto Garcia **Norberto Garcia, Asst. Treasurer** 3/28/01 954-522-1440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

#P99000012390  
736610

CLIKtravel.com, Inc. EIN 65-0897669  
Docuement # P99000012390  
2001 Uniform Business Report

Title D Same as last year  
Name William H. Kelly, Jr.  
Street Address 55 East Monroe St, #4620  
City-St-Zip Chicago, IL 60603

Title D Same as last year  
Name Edward J. Morse  
Street Address 6363 NW 6 Way, Suite 400  
City-St-Zip Fort Lauderdale, FL 33309

Title D Same as last year  
Name John T. Mooney  
Street Address 110 E. Broward Blvd.  
City-St-Zip Fort Lauderdale, FL 33301