

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S78271

1. Entity Name

CLASSIC KITCHENS OF SOUTH FLORIDA, INC.

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

04-21-2000 90127 025 ***150.00

Principal Place of Business 5415 NW 24 ST. #110 MARGATE FL 33063 US	Mailing Address 5415 NW 24 ST. #110 MARGATE FL 33063-7730 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0296338	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANTZ, JEFFREY S.
~~5225 N.W. 54TH ST.~~
~~COCONUT CREEK FL 33073~~

Name	Street Address (P.O. Box Number is Not Acceptable)	City	State	Zip Code
	6835 NW 66 AVE.	Parkland	FL	33067

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] U-P DATE: 4/14/00

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.

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	PTS	<input type="checkbox"/> Delete
NAME	LANTZ, JEFFREY S.	
STREET ADDRESS	5225 N.W. 54TH ST.	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LANTZ, ROBIN	
STREET ADDRESS	5225 N.W. 54TH STREET	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6835 NW 66 AVE	
CITY-ST-ZIP	Parkland (FL 33067)	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6835 NW 66 AVE	
CITY-ST-ZIP	Parkland (FL 33067)	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: [Signature] DATE: 4/14/00 DAYTIME PHONE #: 954 968-0043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)