

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001248

1. Entity Name

KALMIA TRADING LTD. CORPORATION

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90360 007 ***150.00

Principal Place of Business

1818 S. AUSTRALIAN AVE., STE 400
WEST PALM BEACH FL 33409

Mailing Address

1818 S. AUSTRALIAN AVE., STE 400
WEST PALM BEACH FL 33409

2. Principal Place of Business

440 Columbia Drive

Suite, Apt. #, etc.

Suite 300

City & State

West Palm Beach FL

Zip

33409

Country

3. Mailing Address

440 Columbia Drive

Suite, Apt. #, etc.

Suite 300

City & State

West Palm Beach FL

Zip

33409

Country

816494



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROY, DAVE K
1818 S. AUSTRALIAN AVENUE, STE 400
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name

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

440 Columbia Drive

Suite 300

City

West Palm Beach

FL

Zip Code

33409

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 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, 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

TITLE	PDT	<input type="checkbox"/> Delete
NAME	DIECKELL, FRIEDRICH	
STREET ADDRESS	AM HOFACKER 3	
CITY-ST-ZIP	D-27574 BREMERHAVEN GERMANY	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DIECKELL, BARBARA	
STREET ADDRESS	AM HOFACKER 3	
CITY-ST-ZIP	D-27574 BREMERHAVEN GERMANY	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-2-01 561-791-9921

CR2E034 (10/00)