

Feb 04, 2000 8:00 a  
Secretary of State

02-04-2000 90044 050 \*\*\*150.00

DOCUMENT # F96000006812

1. Entity Name

KRATON GALLERY U.S.A., INC.

Principal Place of Business

Mailing Address

132 NW 11TH ST  
BOCA RATON FL 3343220675 NW 26TH AVE.  
BOCA RATON FL 33434-4335

2. Principal Place of Business

3. Mailing Address

139 NW 11<sup>TH</sup> STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

BOCA RATON, FL

City &amp; State

Zip

33432

Country

USA

Zip

Country

4. FEI Number

23-2833257

5. Certificate of Status Desired ☐\$8.75  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKERMAN, DAVID M ESQ  
1200 N. FEDERAL HWY., #320  
BOCA RATON FL 33432

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

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  
Added

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MACLEOD, JACQUELINE 20675 NW 26TH AVE. BOCA RATON FL 33434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KNIGHT, MALCOM 20675 NW 26TH AVE. BOCA RATON FL 33434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. Macleod JACQUELINE MACLEOD 01/31/2000 SGL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature