

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000061192

1. Entity Name

JK PALM INC.

Principal Place of Business

200 SOUTH BISCAYNE BLVD 20TH FLOOR  
MIAMI FL 33131-2310

Mailing Address

200 SOUTH BISCAYNE BLVD 20TH FLOOR  
MIAMI FL 33131-2310

2. Principal Place of Business

3. Mailing Address

398 Isla Dorada Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Coral Gables, FL

Zip

Country

Zip

33143

Country

4. FEI Number

65-1018372

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSSZ FIU CORPORATION  
200 SOUTH BISCAYNE BLVD 20TH FLOOR  
MIAMI FL 33131-2310

Name

(address change only)

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

201 South Biscayne Blvd

Suite 850

City

Miami

FL

Zip Code

33131

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

*Rossz FIU Corporation*  
*Van Carson Cheezem, Pres.*

DATE

4/4/01

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 **D** ☐ Delete  
NAME **CHAPUIS, JACQUELINE M**  
STREET ADDRESS **200 SOUTH BISCAYNE BLVD 20TH FLOOR**  
CITY-ST-ZIP **MIAMI FL 33131-2310**

TITLE **D/P/S** ☒ Change ☐ Addition  
NAME **Jacqueline Marin Chapuis**  
STREET ADDRESS **398 Isla Dorada Boulevard**  
CITY-ST-ZIP **Coral Gables, FL 33143**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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

JACQUELINE MARIN CHAPUIS

Date

Daytime Phone #

04/10/01 (305) 7409042

CR2E034 (10/00)