

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90034 032 ***150.00

DOCUMENT # P00000061192

1. Entity Name
JK PALM INC.

Principal Place of Business Mailing Address
200 SOUTH BISCAYNE BLVD 20TH FLOOR **200 SOUTH BISCAYNE BLVD 20TH FLOOR**
MIAMI FL 33131-2310 **MIAMI FL 33131-2310**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. 398 Isla Dorada Blvd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Coral Gables, FL **Coral Gables, FL** **65-1018372** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ROSSZ FIU CORPORATION
200 SOUTH BISCAYNE BLVD 20TH FLOOR
MIAMI FL 33131-2310

7. Name and Address of New Registered Agent
 Name (address change only)
 Street Address (P.O. Box Number is Not Acceptable)
 201 South Biscayne Blvd
 Suite 850
 City State Zip Code
Miami **FL** **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 Corp, for Jim Van Carson Cheezem, Pres.* DATE: **4/14/01**
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	
TITLE NAME D CHAPUIS, JACQUELINE M STREET ADDRESS 200 SOUTH BISCAYNE BLVD 20TH FLOOR CITY-ST-ZIP MIAMI FL 33131-2310	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME D/P/S Jacqueline Marin Chapuis STREET ADDRESS 398 Isla Dorada Boulevard CITY-ST-ZIP Coral Gables, FL 33143	<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
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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: *Jacqueline Marin Chapuis* DATE: **04/10/01** DAYTIME PHONE: **(305) 740 9042**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)