

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
**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

4. FEI Number **65-1018372**

Applied For
 Not Applicable

Zip

Country

Zip
33143

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

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	CHAPUIS, JACQUELINE M
CITY-ST-ZIP	200 SOUTH BISCAYNE BLVD 20TH FLOOR MIAMI FL 33131-2310
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
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TITLE NAME	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	D/P/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Jacqueline Marin Chapuis
CITY-ST-ZIP	398 Isla Dorada Boulevard Coral Gables, FL 33143
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Jacqueline Marin Chapuis* DATE: **04/10/01** (305) 740 9042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)