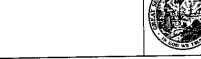
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P00000061192

1. Entity Name JK PALM INC.



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90097 037 ***150.00

Principal Place 230 WOTH AVE MIAMI FL 33131-	NUE	Mailing Address 6915 RED ROAD MIAMI FL 33143				
2. Principal Place of Business 223 WORTH AVENUE 6915 RED Suite, Apt. #, etc.			ROAD	CHECK HERE IF MAKING CHANGES		
		# 219 City & State		4. FEI Number CE 1010272	Apr	olied For
City & State	• • • • • • • • • • • • • • • • • • • •	CORAL GAB	LES TL.	4. FEI Number 65-1018372		Applicable
Zip 33 @ 4	Country	Zip 33143	Country U.S.A	5. Certificate of Status Desired	\$8.75 Addi	
23 44 5	6. Name and Address of Current F	Registered Agent	None	7. Name and Address of New Registered	Agent	
201`SOUTH	CORPORATION I BISCAYNE BLVD.		Name Street Address	ss (P.O. Box Number is Not Acceptable)		
SUITE 850 MIAMI FL 3	3131		City	F	Zip Code	,
SIGNATURE _	ons of registered agent. Signature, typed or printed name of registered agent at the NOW!!! FEE IS \$150.00	and title if applicable. (NOT	E: Registered Agent signature rec	9. Election Campaign Financing	\$5.0	O May Be
After Make Check	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State		Trust Fund Contribution.		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AF	Change	Addition
NAME STREET ADDRESS	DPS CHAPUIS, JACQUELINE M 398 ISLA DORADA BLVD. CORAL GABLES FL 33143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[Change	Auditon
TITLE NAME STREET ADDRESS:		☐ Delete	TITLE NAME		Change	Addition
CITY-ST-ZIP			CITY-ST-ZIP TITLE		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		·:	NAME STREET ADORESS CITY-ST-ZIP	·		
TITLE NAME STREET ADDRESS		Delete	TITLE		☐ Change	☐ Addition
CITY-ST-ZIP		Delete	CITY-ST-ZIP TITLE		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			
TITLE	 	□ Delete	TITLE		Change	Addition Addition

12. 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

MARIN CHAPUIS