


2003

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90113 012 \*\*\*150.00

DOCUMENT # <b>P01000041856</b>	
1. Entity Name <b>KLOOFPALM INC.</b>	

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90085089

2. Principal Place of Business <b>600 EUCLID AVE</b>		3. Mailing Address <b>P.O. BOX 190785</b>	
Suite, Apt. #, etc. <b>B-5</b>		Suite, Apt. #, etc.	
City & State <b>MIAMI BEACH FL</b>		City & State <b>MIAMI BEACH FL</b>	
Zip <b>33139</b>	Country <b>USA</b>	Zip <b>33119</b>	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number <b>59-3712472</b>		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
		7. Name and Address of Current Registered Agent		
		Name <b>CHRISTINE E. JANSEN</b>		
		Street Address (P.O. Box Number is Not Acceptable) <b>600 EUCLID AVE</b>		
		City <b>MIAMI BEACH FL</b>		
		Zip Code <b>33139</b>		

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE CHRISTINE JANSEN DATE 4/10/03  
(NOTE: Registered Agent signature required when reinstating)

January 1, May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE <b>PSD</b>	NAME <b>CHRISTINE E. JANSEN</b>	TITLE	NAME
STREET ADDRESS <b>600 EUCLID AVE. #B-5</b>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <b>MIAMI BEACH FL 33139</b>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE JANSEN - PRESIDENT DATE 4/10/03 DAYTON FRIED # 305 804 8333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)