2002 Uniform Business Report (UBR)

Mar 26, 2002 8:00 am P07790 Secretary of State DOCUMENT # 1. Entity Name 03-26-2002 90075 047 ***150.00 "PALM B" BEHEER B.V. Principal Place of Business Mailing Address ~ 4 U U O 4 MAURITSKADE 5 175 LOOKOUT PLACE 2514 HC DEN HAAG SUITE 201 THE NETHERLANDS MAITLAND FL 32751 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 90-0073087 Not Applicable Zip Country Country Zip **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEERDAM, A C Street Address (P.O. Box Number is Not Acceptable) 175 LOOKOUT PLACE STE 201 MAITLAND FL 32751 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE Delete TITLE ☐ Change ☐ Addition BESSEM, HERMAN NAME NAME **MAURITSKADE 5** STREET ADDRESS STREET ADDRESS 2514 HC, THE NETHERLANDS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HAZELEGER, HENK NAME STREET ADDRESS **RUBENSSTRAAT 165** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 6717 VE EDE, THE NETHERLANDS TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HAZELEGER, HENDRIK NAME STREET ADDRESS STREET ADDRESS **RUBENSSTRAAT 165** CITY-ST-ZIP CITY-ST-7IP 6717 VE EDE, THE NETHERLANDS TITLE ☐ Change ☐ Addition TITLE. ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this ling 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 tree 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 trusted proposed 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 ar

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

FILED

Daytime Phone #

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