2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014159 1. Entity Name

JILKAR CORP.

Principal Place of Business

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

Suite 300

City & State

440 ROYAL PALM WAY, SUITE 200 PALM BEACH FL 33480

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

Suite 300

City & State

505 S. Flagler Drive

West Palm Beach, FL

440 ROYAL PALM WAY. SUITE 200 PALM BEACH FL 33480-4142

505 S. Flagler Drive

West Palm Beach, FL

FILED May 08, 2000 8:00 am Secretary of State

4. FEI Number

05-08-2000 90159 029 ***150.00

Applied For

Not Applicable



DO NOT WRITE IN THIS SPACE

65-0822615

4/25/00

Zip		Country	Zip	Country	1	5. (Certificate of Status Desired		\$8.75 Add		
33401		USA	33401		USA				Fee Required	1	
	6. Name	and Address of Current F	legistered Agent		7. Name and Address of New Registered Agent						
CHOPIN, L. FRANK E SQ. 440 ROYAL PALM WAY, SUITE 200						Name Street Address (P.O. Box Number is Not Acceptable) 505 S. Plagler Drive, Suite 300					
PALM BEACH FL 33480											
						Palm Bo		FL	Zip Code 3340	L	
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											
Tax filing requirement and elects to do so. After MAY 1, 2000					TEE IS \$150.00 Fee will be \$550.00 Department of State 10. Election Campaign Financing \$5.00 May B Trust Fund Contribution. Added to Fees					to Fees	
11.	11. OFFICERS AND DIRECTORS 1					AD	DITIONS/CHANGES TO OF	FICERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS		FRANK L AL PALM WAY SUITE 21	☐ Delete	TITLE NAME STREET	ADDRESS	505 S.	Plagler Drive,	Suite	☐ Change 300	Addition (
CITY-ST-ZIP					r-ZiP	West Pa	alm Beach, FL	33401	•	i	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILMOUF 125 WOF	R, JILLIAN ITH AVE.	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS r-zip			1 4 . str	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	ACH FL 33480	- · · □ Delete ·	TITLE NAME	ADDRESS				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS 1-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS 1-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CiTY-S					☐ Change	Addition	
13. I hereby control indicated of the corp changed.	ertify that th on this repo poration or the or on an atta	e information supplied with rt or supplemental report is ne requiver or justee empo achment with an add was, w	this filing does not qualify for thus and accurate and that n thereo to execute this report in all ging life empowered.	r the exeminy signatures	ption state e shall ha d by Chap	d in Section ve the same ter 607, Flori	119.07(3)(i), Florida Statute: legal effect as if made unde da Statutes; and that my na	s. I further cer er oath; that I a me appears in	tify that the in im an officer in Block 11 or	nformation or director Block 12 if	

OF SIGNING OFFICER OR DIRECTOR