

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90208 048 ***150.00

C0038606

DOCUMENT # P99000055858
1. Entity Name
 KLM MX, INC.

Principal Place of Business 1170 Lee Wagener Bl. Suite #108 Ft. Lauderdale, FL 33315
Mailing Address 1170 Lee Wagener Bl. Suite #108 Ft. Lauderdale, FL 33315

2. Principal Place of Business
 OPA LOCKA AIRPORT
 Suite, Apt. #, etc. HANGAR #547
 City & State OPA LOCKA, FL
 Zip 33054 Country USA

3. Mailing Address
 2500 N.E. 135th STREET
 Suite, Apt. #, etc. Suite #901
 City & State NORTH MIAMI, FL
 Zip 33181 Country USA

4. FEI Number 65-0931052
 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 MEEK, LYNN
 1170 Lee Wagener Blvd., Ste. #108
 Ft. Lauderdale, FL 33315

7. Name and Address of New Registered Agent
 Name LYNN MEEK
 Street Address (P.O. Box Number is Not Acceptable) 2500 N.E. 135th Street #901
 City NORTH MIAMI FL Zip Code 33181

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  LYNN MEEK
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
 DATE 3/15/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR KENNETH L. MEEK OPA LOCKA AIRPORT • FL 33054 HANGAR #547	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D LYNN MEEK OPA LOCKA AIRPORT HANGAR #547	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	opa locka, fl 33054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  LYNN MEEK S/T/D
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE 3/15/01
 Daytime Phone # 305-945-6358

CR2E034 (11/00)