

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 07, 2000 8:00 am**
Secretary of State

03-07-2000 90028 021 ***158.75

DOCUMENT # P99000077431

1. Entity Name

KLM RESTAURANT CORPORATION

Principal Place of Business

**980 N FEDERAL HWY. SUITE 410
BOCA RATON FL 33432**

Mailing Address

**980 N FEDERAL HWY. SUITE 410
BOCA RATON FL 33432-2704**

2. Principal Place of Business

5050 Town Center Circle

3. Mailing Address

Suite, Apt. #, etc.

#245

Suite, Apt. #, etc.

City & State

Boca Raton, FL 33486

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0946702

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required****00034330**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**MURDOCH, RICHARD A
980 N FEDERAL HWY, SUITE 410
BOCA RATON FL 33432****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2000 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 | Delete |
|-------|-------------------------------------|----------------|-------------|-------------------------------------|
| | D | | | <input checked="" type="checkbox"/> |
| | MURDOCH, RICHARD A | | | |
| | 980 N FEDERAL HWY, SUITE 410 | | | |
| | BOCA RATON FL 33432 | | | |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|--------------------------------------|----------------|-------------|-------------------------------------|--------------------------|
| | Director/President | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Karen L. Mayo | | | | |
| | 5050 Town Center Circle, #245 | | | | |
| | Boca Raton, FL 33486 | | | | |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen L. Mayo

Date

3/3/00 361-391-7177

Daytime Phone #

CR2E034 (9/99)