

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-28-2002 91757 002 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000077431**

1. Entity Name

KLM RESTAURANT CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5050 TOWN CENTER CIR

Suite, Apt. #, etc.
245

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

City & State

SAME

4. FEI Number

650946702

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: **ALLISON BARBER**

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

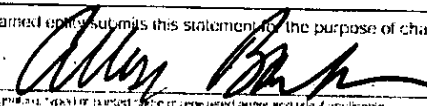
460 NE 10th TERR

City: **BOCA RATON**

FL

Zip Code
33486

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: 

6/17/02

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

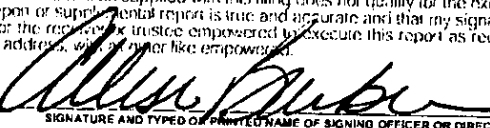
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	KAREN MAYO PRESIDENT 5050 TOWN CENTER CIR BOCA RATON FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ALLISON BARBER 5050 V.P. 460 NE 10th TERR town center BOCA RATON FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JOHN - BELLEME - V.P. 5050 TOWN CENTER CIR BOCA RATON FL 33486

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 this corporation or the registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with or without like empowerment.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 561-391-7177

CR2E034B (12/01)