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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

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5050 TOWN CENTER CIR	SAME
Suite, Apt. #, etc: 245	Suite, Apt. #, etc: SAME
City & State: BOCA RATON, FL	City & State: SAME
Zip: 33486 Country: USA	Zip: Country:

DO NOT WRITE IN THIS SPACE

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: [signature] 6/17/02
(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) ☐

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: KALEN MAYO PRESIDENT / 5050 TOWN CENTER CIR / BOCA RATON FL 33486	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ALLISON BARBER V.P. / ~~460 NE 10th TERR~~ 5050 TOWN CENTER CIR / BOCA RATON FL 33486	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: JOHN - BELLEME - V.P. / 5050 TOWN CENTER CIR / BOCA RATON FL 33486	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: **DO NOT WRITE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: **IN THIS SPACE**
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CR2E034B (12/01)

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 on an attachment with an address, with or without like empowered.

SIGNATURE: [signature] 4/29/02 561-391-7177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #