


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P99000077431

1. Entity Name
KLM RESTAURANT CORPORATION



FILED

03 NOV -6 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**5050 TOWN CENTER CIRCLE
#245
BOCA RATON FL 33486**

Mailing Address
**700 S FEDERAL HIGHWAY
#200
BOCA RATON FL 33432**



2. Principal Place of Business
5050 TOWN CENTER CIRCLE

3. Mailing Address
5050 TOWN CENTER CIRCLE

Suite, Apt. #, etc.

REINSTATEMENT

City & State
BOCA RATON FL

City & State
BOCA RATON FL

Zip
33486

Country
USA

Zip
33432

Country
USA

4. FEI Number **65-0946702**

Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

**BARBER, ALLISON
460 NE 10TH TERR.
BOCA RATON FL 33486**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAYO, KAREN L 5050 TOWN CENTER CIRCLE #245 BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARBER, ALLISON 5050 TOWN CENTER CIRCLE #245 BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BELLEME, JOHN 5050 TOWN CENTER CIRCLE #245 BOCA RATON FL 33486	<input checked="" 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

11. 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
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

900024487869
11/06/03--01048--005 **150.00

12. 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 reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **10-29-03 391-7177**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FLORIDA 32314

October 28, 2003

To Whom It May Concern:

I am writing on behalf of KLM Restaurant Corporation dba Zemi because the 2003 Uniform Business / Annual Report was sent to the incorrect address, therefore we did not receive it until today. Due to these unusual circumstances we are asking to abate the \$600.00 in penalties. Enclosed is the \$150.00 fee for 2003. Thank you for your attention to this matter.

Sincerely

A handwritten signature in black ink, appearing to read "Allison Barber", with a long horizontal flourish extending to the right.

Allison Barber

boca center 5050 town center circle
suite 245 - boca raton, florida 33486
tel. 561 391 7177 fax. 561 392 9308