

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90052 023 \*\*\*150.00

DOCUMENT # **102071** ✓

1. Entity Name  
PALM K CONSULTANTS AND MANAGEMENT, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
4600 WEST COMMERCIAL BLVD.

3. Mailing Address  
3729 UNION ROAD

Suite, Apt. #, etc.  
SUITE 7

Suite, Apt. #, etc.  
SUITE 12

City & State  
TAMARAC, FL

City & State  
CHEEKTOWAGA, NY

Zip Country  
33319 USA

Zip Country  
14225 USA

4. FEI Number  
65-0306418

Applied For  
Not Applicable

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

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IN THIS SPACE**

## 7. Name and Address of Current Registered Agent

Name  
JOHN H. KUHN

Street Address (P.O. Box Number is Not Acceptable)  
4600 WEST COMMERCIAL BLVD.

SUITE 7

City FL Zip Code  
TAMARAC 33319

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 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 PRESIDENT  
NAME E. JOHN KUHN  
STREET ADDRESS 4600 WEST COMMERCIAL BLVD, STE 7  
CITY-ST-ZIP TAMARAC, FL 33319

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CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #