

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90183 031 \*\*\*150.00

**DOCUMENT #** 461968

1. Entity Name  
**KLEIDE CORPORATION**

Principal Place of Business      Mailing Address  
 1595 NE 163 STREET      1595 NE 163 STREET  
 NORTH MIAMI BEACH, FL. 33162      N. MIAMI BEACH, FL 33162  
 US

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-1560893**      Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MISKA, DOUGLAS S.**  
**C/O GATOR INVESTMENT**  
**1595 NE 163 STREET**  
**N. MIAMI BEACH, FL. 33162**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	DELLER, ALBERTO	
STREET ADDRESS	CASILLA 2036	
CITY-ST-ZIP	QUITO, EC	
TITLE	V	<input type="checkbox"/> Delete
NAME	DELLER, FRIDA	
STREET ADDRESS	CASILLA 2036	
CITY-ST-ZIP	QUITO, EC	
TITLE	T	<input type="checkbox"/> Delete
NAME	DELLER, PIERRE	
STREET ADDRESS	CASILLA 2036	
CITY-ST-ZIP	QUITO, EC	
TITLE	S	<input type="checkbox"/> Delete
NAME	DELLER, MICHEL	
STREET ADDRESS	CASILLA 2036	
CITY-ST-ZIP	QUITO, EC	
TITLE	S	<input type="checkbox"/> Delete
NAME	DE BEITSCH, HELEN D	
STREET ADDRESS	CASILLA 2036	
CITY-ST-ZIP	QUITO, EC	
TITLE		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date: **4-28-00**      Daytime Phone #: **305-949-9049**

CR2E034 (9/99)