

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004621

1. Entity Name

KLEP CORPORATION

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90070 048 \*\*\*150.00

Principal Place of Business

Mailing Address

17001 19 MILE  
SUITE #1  
CLINTON TWP MI 48038  
US

17001 19 MILE  
SUITE #1  
CLINTON TWP MI 48038-1203  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-1889631**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOURNIAS, WILLIAM JR  
5499 N. FEDERAL HWY., #F  
BOCA RATON FL 33487

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

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)

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **KOZIEL, RONALD**  
STREET ADDRESS **28740 MOUND RD.**  
CITY-ST-ZIP **WARREN MI 48092**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **17001 19 MILE RD STE 1**  
CITY-ST-ZIP **CLINTON TWP MI 48038**

TITLE **STDC** ☐ Delete  
NAME **BOURNIAS, WILLIAM JR**  
STREET ADDRESS **28740 MOUND RD.**  
CITY-ST-ZIP **WARREN MI 48092**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **17001 19 MILE RD STE 1**  
CITY-ST-ZIP **CLINTON TWP MI 48038**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-21-2000**

Date

**810-226-1030**

Daytime Phone #

CR2E034 (9/99)