

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K94871

1. Entity Name
KALEVI, INC.

Principal Place of Business
921 SOUTH B ST
LAKE WORTH FL 33460

Mailing Address
921 SOUTH B ST
LAKE WORTH FL 33460
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 **65-0125257** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRANT, PENTTI K
921 SO. B ST.
LAKE WORTH FL 33460

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, 2001 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 VPD Delete
NAME GRANT, PENTTI K
STREET ADDRESS 921 S. B ST.
CITY-ST-ZIP LAKE WORTH FL 33460

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VPD Delete
NAME GRANT, SUK C
STREET ADDRESS 921 S B ST.
CITY-ST-ZIP LAKE WORTH FL

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

TITLE PD Delete
NAME WITTHROW, HELEN S
STREET ADDRESS 5705 CROATAN CT
CITY-ST-ZIP CENTERVILLE VA 20120

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

TITLE Delete
NAME STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP

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

TITLE Delete
NAME STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP

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

TITLE Delete
NAME STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP

TITLE Change Addition
NAME STREET ADDRESS
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:

Pentti K. Grant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-2001

Date

561-533-5145

Daytime Phone #

CR2E034 (10/00)