

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 01, 2002 8:00 am  
Secretary of State

02-01-2002 90016 045 \*\*\*150.00

**DOCUMENT # P00000038546**

1. Entity Name  
**KELTAY ASSOCIATES, INC.**

Principal Place of Business  
**9460 FONTAINEBLE BLVD.  
LEASING OFFICE  
MIAMI FL 33172**

Mailing Address  
**6333 SUNSET DRIVE  
SOUTH MIAMI FL 33143**



2. Principal Place of Business

**5715 West 20 Ave**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

6. Name and Address of Current Registered Agent

SALAS, RAUL E

C/O SALAS, EDE, PETERSON & LAGE, L.L.C.

6333 SUNSET DRIVE

SOUTH MIAMI FL 33143

4. FEI Number **65-1002864**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

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, 2002 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 **D** ☐ Delete  
NAME **SHELTON, TERESITA**  
STREET ADDRESS **1108 VALENCIA AVE**  
CITY-ST-ZIP **CORAL GABLES FL 33143**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition  
NAME **ENRIQUE R. SALAS**  
STREET ADDRESS **6333 SUNSET DR**  
CITY-ST-ZIP **So. Miami, FL 33143**

TITLE **D** ☐ Change ☒ Addition  
NAME **RAUL E. SALAS**  
STREET ADDRESS **6333 SUNSET DRIVE**  
CITY-ST-ZIP **So. Miami, FL 33143**

TITLE **D** ☐ Change ☒ Addition  
NAME **TERESITA BERNACCA**  
STREET ADDRESS **6333 SUNSET DR**  
CITY-ST-ZIP **So. Miami, FL 33143**

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

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

TITLE ☐ Change ☐ 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:

**TERESITA SHELTON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-16-02 305-666-0669**

CR2E034 (9/01)