

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90150 009 \*\*\*158.75

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**DOCUMENT # P01000065873**

1. Entity Name  
**KELE PROPERTIES, INC.**

Principal Place of Business

**100 SE 2ND ST. STE 3920  
 MIAMI FL 33131**

Mailing Address

**100 SE 2ND ST. STE 3920  
 MIAMI FL 33131**

902542



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address **40 COLLINS  
 Suite 1880**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**200 S. Biscayne Blvd**

City & State

City & State

**MIAMI, FL**

4. FEI Number

**65-1124148**

Applied For

Not Applicable

Zip

Country

Zip

**33131**

Country

**US**

5. Certificate of Status Desired

☒ **\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SHIMOFF, IRVING  
 100 SE 2ND ST, STE 3920  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **CHRISTINA COLLINS**

Street Address (P.O. Box Number is Not Acceptable)

**40 Suite 1880**

**200 South Biscayne Blvd**

City

**MIAMI**

FL

Zip Code

**33131**

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 **Christina Collins, CHRISTINA COLLINS**

**4-26-02**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **Secretary**  
 STREET ADDRESS **CHRISTINA COLLINS**  
 CITY-ST-ZIP **40 Suite 1880, 200 S. Biscayne Blvd  
 MIAMI, FL 33131**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: **Christina Collins, CHRISTINA COLLINS**

**4-26-02**

**305-372-2535**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)