

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90040 035 ***150.00

DOCUMENT # P02000126742

1. Entity Name

KLEIST, INC.



Principal Place of Business

3901 RAVENSWOOD ROAD
102
FT. LAUDERDALE FL 33312
US

Mailing Address

3901 RAVENSWOOD ROAD
102
FT. LAUDERDALE FL 33312

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

35-2190044

Applied For
Not Applicable

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

GOLDSTEIN, MICHAEL T
3901 RAVENSWOOD ROAD
102
FT. LAUDERDALE FL 33312

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, MICHAEL T	
STREET ADDRESS	3901 RAVENSWOOD RD. 102	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, BOB	
STREET ADDRESS	3901 RAVENSWOOD RD	
CITY-ST-ZIP	MIAMI FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWEDEL, DAVID-A	
STREET ADDRESS	3901 RAVENSWOOD RD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	NA	<input type="checkbox"/> Delete
NAME	NA, NA	
STREET ADDRESS	NA	
CITY-ST-ZIP	NA NA NA	
TITLE	NA	<input type="checkbox"/> Delete
NAME	NA, NA	
STREET ADDRESS	NA	
CITY-ST-ZIP	NA NA NA	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWEDEL, MARIA-ISABEL	
STREET ADDRESS	3901 RAVENSWOOD RD	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maria-Isabel Schwedel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria-Isabel Schwedel 3/15/04

Date

Daytime Phone #

954-689-8860