

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000019846

1. Entity Name

KALEKY COMPUTER CONSULTING, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90140 009 \*\*\*150.00

Principal Place of Business

Mailing Address

2886 SW 176 TERRACE  
MIRAMAR FL 33029  
US

2886 SW 176 TERR  
MIRAMAR FL 33009-3830  
US

2. Principal Place of Business

3. Mailing Address

KALEKY COMPUTERS  
2601 SW 31st Avenue  
PEMBROKE PARK, FL 33009

KALEKY COMPUTERS  
2601 SW 31st Avenue  
PEMBROKE PARK, FL 33009

A0005492



DO NOT WRITE IN THIS SPACE

FEI Number	65-0408312	Applied For
		Not Applicable

Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KALEKY, ROBERT  
2886 SW 176 TERR  
MIRAMAR FL 33029

Name Robert Kaley  
Street Address (P.O. Box Number is Not Applicable) 2601 SW 31st Ave  
City Pembroke Park FL 33009

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

Rob Kaley PRES 1/3/00

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	D	<input type="checkbox"/> Delete
NAME	KALEKY, ROBERT	
STREET ADDRESS	2886 SW 176 TERR	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KALEKY, SANDY L	
STREET ADDRESS	2886 SW 176 TERR	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALEKY, Robert	
STREET ADDRESS	2601 SW 31st Avenue	
CITY-ST-ZIP	PEMBROKE PARK, FL 33009	
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		
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert Kaley PRES 1/3/00 954-441-4540

CR2E034 (9/99)