

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000019371

1. Entity Name

KLEERLY INDEX, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90036 034 \*\*\*150.00

Principal Place of Business

Mailing Address

1304 SW 160TH AVE  
SUITE 118  
SUNRISE FL 33326

1304 SW 160TH AVE  
SUITE 118  
SUNRISE FL 33326-1902

2. Principal Place of Business

3. Mailing Address

745 SHOTGUN ROAD

745 SHOTGUN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SUNRISE, FL

SUNRISE, FL

4. FEI Number

65-0568157

Applied For

Not Applicable

Zip

Country

Zip

Country

33326

USA

33326

USA

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

ARONSON, BARRY L  
1304 SW 160TH AVE  
SUITE 118  
SUNRISE FL 33326

Name

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

745 SHOTGUN ROAD

City

SUNRISE

FL

Zip Code

33326

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, 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 V ☐ Delete  
NAME ARONSON, VICKI B  
STREET ADDRESS 722 SAN REMO DR  
CITY-ST-ZIP FT LAUDERDALE FL 33326

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

TITLE SD ☐ Delete  
NAME BASS, ZELIG  
STREET ADDRESS 11111 BISCAYNE BLVD #907  
CITY-ST-ZIP MIAMI FL 33181

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Delete  
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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)