

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000087802

1. Entity Name

THE DAK COMPANIES, INC.

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90057 050 \*\*\*150.00

0130617 . AV

Principal Place of Business

1052 NW 3RD ST  
HALLANDALE FL 33009  
US

Mailing Address

1052 NW 3RD ST  
HALLANDALE FL 33009  
US



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 65-0788749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KALEKY, DAN  
1261 NW 116TH AVE, STE 100  
PLANTATION FL 33323

Name

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

City

Hallandale

FL

Zip 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

*Dan Kaleky*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*3/2/02*

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 P  
NAME KALEKY, DAN  
STREET ADDRESS 1261 NW 116TH AVE  
CITY-ST-ZIP PLANTATION FL 33323 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME 1052 NW 3 ST  
STREET ADDRESS Hallandale FL 33009  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP  
NAME KALEKY, PAMELA  
STREET ADDRESS 1261 NW 116TH AVE  
CITY-ST-ZIP PLANTATION FL 33323 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME 1052 NW 3 ST  
STREET ADDRESS Hallandale FL 33009  
CITY-ST-ZIP ☐ Change ☐ Addition

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  
NAME  
STREET ADDRESS  
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:

*DAN Kaleky*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/2/02*

Date

*954-48745*

Daytime Phone #

CR2E034 (9/01)