

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091372

1. Entity Name

KLEY, INC.

Principal Place of Business

Mailing Address

2000 TOWERSIDE TERRACE
APT. 408
MIAMI FL 33138

C/O VIVIAN KLEPACH
2000 TOWERSIDE TERRACE, APT. 408
MIAMI FL 33138-2223

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90050 046 ***150.00

00017833



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2000 Towerside Terrace

C/O Vivian Klepach

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt # 408

2000 Towerside Ter Apt 408

City & State

City & State

Miami FLA

Miami FLA

Zip
33138

Country

U.S.A.

Zip
33138-2223

Country

U.S.A.

4. FEI Number 65-0790884

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

KLEPACH, VIVIAN
2000 TOWERSIDE TERRACE
APT. 408
MIAMI FL 33138

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.

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 NAME STREET ADDRESS CITY-ST-ZIP	D KLEPACH, VIVIAN C/O 200 TOWERSIDE TERRACE MIAMI FL 33138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEPACH, VIVIAN 2000 TOWERSIDE TERRACE, APT. 408 MIAMI FL 33138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Vivian Klepach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #