

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F55436**

1. Entity Name

**NILAK ASSOCIATES, INC.****FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90056 022 \*\*\*150.00

061716

Principal Place of Business  
**1000 N. HIATUS ROAD  
STE 100  
PEMBROKE PINES FL 33026-3094  
US**

Mailing Address  
**PO BOX 8420  
PEMBROKE PINES FL 33084-0420  
US**

**F55436**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
**19707 Turnberry Way**  
Suite, Apt. #, etc.  
**18A**  
City & State  
**Aventura, Florida**  
Zip Country  
**33180 USA**

4. FEI Number **59-2141890** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MORTON, KALIN  
1000 N. HIATUS ROAD  
STE 100  
PEMBROKE PINES FL 33026**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALIN, MORTON		NAME		
STREET ADDRESS	1000 N HIATUS RD, STE 100		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33026		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALIN, SYLVIA		NAME		
STREET ADDRESS	1000 N HIATUS RD, STE 100		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33026		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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

**Morton Kalin, Jan 16, 2001**

Date

Daytime Phone #

CR2E034 (10/00)