

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000067918**

1. Entity Name

PINE GROVE COMMERCIAL CENTER, INC.

Principal Place of Business

**1231 W. COPANS RD
POMPANO BEACH, FL. 33064**

Mailing Address

**1231 W. COPANS RD
POMPANO BEACH, FL. 33064**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

05-0044154

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

**KANOUSE, KEITH J
3424 N. FEDERAL HWY
STE. 353
BOCA RATON, FL. 33431**

7. Name and Address of New Registered Agent

Name

KALICHMAN, NATHAN

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

1231 W. COPANS RD

City

POMPANO BEACH, FL

FL

Zip Code

33064

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

KALICHMAN, NATHAN

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-00

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

TITLE ☐ Delete

**DP
KALICHMAN, NATHAN
1231 W. COPANS RD
POMPANO BEACH, FL. 33064**

TITLE ☐ Delete

**DT
JAGUDAEV, ZALMAN
1231 W. COPANS RD
POMPANO BEACH, FL. 33064**

TITLE ☐ Delete

**DS
KALICHMAN, IZHAK
1231 W. COPANS RD
POMPANO BEACH, FL. 33064**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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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

KALICHMAN, NATHAN

Date

Daytime Phone #

4-26-00

954-977-4523

CR2E034 (9/99)