

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90004 003 \*\*\*150.00

**DOCUMENT # P93000067918**

1. Entity Name  
**PINE GROVE COMMERCIAL CENTER, INC.**

Principal Place of Business

1231 W. COPANS ROAD  
 POMPANO BEACH FL 33064

Mailing Address

3500 MARINE POINTE BLVD  
 SUITE 3502  
 AVENTURA FL 33180

2. Principal Place of Business

8151 Wiles Road

3. Mailing Address

3500 mystic Pointe Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3502

City & State

Coral Springs, FL

City & State

Aventura, FL

Zip

33067

Country

USA

Zip

33180

Country

USA

4. FEI Number 65-0044154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

KALICHMAN, NATHAN  
 1231 W COPANS RD  
 POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name Kalichman Shlomit

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

3500 mystic Pt Dr

#3502

City Aventura

FL

Zip Code

33180

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.

Shlomit Kalichman

3.10.01

(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, 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

TITLE DP  
 NAME KALICHMAN, NATHAN  
 STREET ADDRESS 1231 W COPONS ROAD  
 CITY-ST-ZIP POMPANO BEACH FL ☐ Delete

TITLE DT  
 NAME ZALMAN, JUGDAEV  
 STREET ADDRESS 1231 W COPONS ROAD  
 CITY-ST-ZIP POMPANO BEACH FL ☐ Delete

TITLE DS  
 NAME IZHAK, KALIGHMAN  
 STREET ADDRESS 1231 W COPONS ROAD  
 CITY-ST-ZIP POMPANO BEACH FL ☐ Delete

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 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 #

Shlomit Kalichman 03.10.2001 305-933-4502

CR2E034 (10/00)