

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# **095000092043**

1. Entity Name

PEMBROKE FALLS REALTY, INC.

Principal Place of Business

123 NW 13TH ST. #300  
BOCA RATON, FL  
33432

Mailing Address

123 NW 13TH ST. #300  
BOCA RATON, FL  
33432

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

65-0698225

Applied For

Not Applicable

5. Certificate of Status Desired ☒ X

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

00 APR -7 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

SHAPIRO, DAVID  
123 NW 13TH ST.  
SUITE 300  
BOCA RATON, FL  
33432

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

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

TITLE NAME	PD ENGELSTEIN, ALEC	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	123 NW 13TH ST. #300 BOCA RATON, FL 33432	
TITLE NAME	VD KRAYNICK, JOHN A.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	123 NW 13TH ST. #300 BOCA RATON, FL 33432	
TITLE NAME	STD SHAPIRO, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	123 NW 13TH ST. #300 BOCA RATON, FL 33432	
TITLE NAME	V RIZZO, DOMENIC	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2250 NW 136TH AVE. PEMBROK PINES, FL 33028	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	200003213972--5 -04/19/00--01016--015 ****158.75 ****158.75
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	V RIZZO, DOMINIC 13160 TAFT ST. PEMBROKE PINES, FL 33028
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

John A. Kraynick, VP 561-391-4012

Date

Daytime Phone #

CR2E034 (9/99)