

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000098043

1. Entity Name

PEMBROKE FALLS REALTY, INC.

FILED

01 MAR 21 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

123 N.W. 13 Street #300  
Boca Raton, FL 33432

Mailing Address

123 N.W. 13th Street #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



**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Shapiro, David  
123 N.W. 13th Street #300  
Boca Raton, Florida 33432

7. Name and Address of New Registered Agent

Name

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

City

~~700003912307-3~~  
-03/27/01-01071-017  
\*\*\*158.75 FL \*\*\*158.75

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, 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	PD	<input type="checkbox"/> Delete
NAME	Engelstein, Alec	
STREET ADDRESS	123 N.W. 13th Street #300	
CITY-ST-ZIP	Boca Raton, Florida 33432	
TITLE	DV	<input type="checkbox"/> Delete
NAME	Kraynick, John A.	
STREET ADDRESS	123 N.W. 13th Street #300	
CITY-ST-ZIP	Boca Raton, Florida 33432	
TITLE	STD	<input type="checkbox"/> Delete
NAME	Shapiro, David	
STREET ADDRESS	123 N.W. 13th Street #300	
CITY-ST-ZIP	Boca Raton, Florida 33432	
TITLE	V	<input type="checkbox"/> Delete
NAME	Rizzo, Domenic	
STREET ADDRESS	13160 Taft Street	
CITY-ST-ZIP	Pembroke Pines, Florida 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Engelstein, Alec	
STREET ADDRESS	123 N.W. 13th Street #300	
CITY-ST-ZIP	Boca Raton, Florida 33432	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McAden, Tommy L.	
STREET ADDRESS	123 N.W. 13th Street #300	
CITY-ST-ZIP	Boca Raton, Florida 33432	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Delikanakis, Yannis	
STREET ADDRESS	123 N.W. 13th Street #300	
CITY-ST-ZIP	Boca Raton, Florida 33432	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rizzo, Domenic	
STREET ADDRESS	13160 Taft Street	
CITY-ST-ZIP	Pembroke Pines, Florida 33028	
TITLE	AS, V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hubenak, Holly A.	
STREET ADDRESS	123 N.W. 13th Street #300	
CITY-ST-ZIP	Boca Raton, Florida 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

John A. Kraynick, VP

3-20-01

561-391-4012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

T8