

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000039876**

1. Entity Name

**PINES LINCOLN MERCURY, INC.**

Principal Place of Business

**14800 SHERIDAN ST  
P.O. BOX 1400  
PEMBROKE PINES FL 33330**

Mailing Address

**12 E SUNRISE BLVD  
FORT LAUDERDALE FL 33304**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **58-2321072**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REIF, DANIEL S  
C/O HOLMAN ENTERPRISES  
911 N.E. SECOND AVENUE  
FT. LAUDERDALE FL 33304**

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, 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	DC	<input type="checkbox"/> Delete
NAME	HOLMAN, J S	
STREET ADDRESS	350 STATION AVE	
CITY-ST-ZIP	HADDONFIELD NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOLB, J W	
STREET ADDRESS	407 CHESTER AVENUE	
CITY-ST-ZIP	MOORESTOWN NJ 08057	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLMAN, M K	
STREET ADDRESS	14 KENDLES RUN ROAD	
CITY-ST-ZIP	MOORESTOWN NJ 08057	
TITLE	DP	<input type="checkbox"/> Delete
NAME	REIF, D S	
STREET ADDRESS	2041 N.W. 86TH TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	S	<input type="checkbox"/> Delete
NAME	MULLIN, K.A.	
STREET ADDRESS	757 PADDOCK PATH	
CITY-ST-ZIP	MOORESTOWN NJ 08057	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BENDER, JAMES R	
STREET ADDRESS	10950 SW 40 COURT	
CITY-ST-ZIP	DAVIE FL 33328	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sec/Tres.	
STREET ADDRESS	Robert Dağlian	
CITY-ST-ZIP	1836 Gallop Drive	
	Loxahatchee, Fl. 33470	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cliff Brush	
STREET ADDRESS	9284 Lake Serena Dr.	
CITY-ST-ZIP	Boca Raton, Fl. 33496	

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:

**R. SAGUAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**SEC/TRES****2/9/01**  
Date**954-779-2060**  
Daytime Phone #**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90222 002 \*\*\*150.00

**00016449**

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)