2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9800009820

1. Entity Name

KALICHMAN INVESTMENTS, INC.

FILED Apr 03, 2001 8:00 am Secretary of State 04-03-2001 90099 049 ***150.00

Principal Place of Business Mailing Address 17600 NORTH BAY ROAD #702 MIAMI BEACH FL 33160 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Tip Tip Tip Tip Tip Tip Tip Ti										
MIAMI BEACH FL 33160 MIAMI BEACH FL 33160 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State City & State City & State Country Country Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent Name	Principal Place	e of Business	Mailing Address							
Suite, Apt. #, etc. City & State City & State City & State City & State Country Country Country Country Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Not Applicable Not Applicable Status Desired						DAACTTOM				
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City & State City & State 4. FEI Number 65-0823385 Applied For Not Applicable Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name	2. Principal Pl	ace of Business	3. Mailing Address		7					
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent Name Name	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT W	RITE IN THIS S	PACE		
Zip Country Zip Country 5. Certificate of Status Desired Status Desired Fee Required 6. Name and Address of Current Registered Agent Name Name Name	City & State		City & State		4. F	El Number 65-0823	385			e
Name	Zip	Country	Zip	Country	5. 0	Certificate of Status Desire		\$8.75 A	dditional	7
	ф- <u>1</u>	6. Name and Address of Current R	egistered Agent		7. N	lame and Address of Nev	Registered A	gent		
	I/ALIOLIMAN DAVID				Name					
KALICHMAN, DAVID 17600 NORTH BAY ROAD #702 MIAMI BEACH FL 33160 Street Address (P.O. Box Number is Not Acceptable)	1760	0 NORTH BAY ROAD #702	Street Addr		ss (P.O. B	ox Number is Not Accepta	ble)			
MICHAEL DEACHTE 33100	(AIN-VIA)	II DEACH LE 33 100		<u> </u>						
City FL Zip Code				City			FL	Zip Co	de	
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.			the purpose of changing its re	gistered office or regis	stered age	ent, or both, in the State of	Florida.			7
	* "									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	SIGNATURE _	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: R	egistered Agent signature requ	ired when re	instating)	DATE			
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be	•			10. Election Campaign	Financing	¢ 5	OO May Ba	7		
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	- ·					Trust Fund Contribution Added				
11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	<u> </u>		<u> </u>			DITIONS/CHANGES TO C	FFICERS AND	DIRECTO	RS IN 11	-
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NAME KALICHMAN, DAVID NAME										15
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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 certify that I am an officer or director.	13. I hereby ce	ertify that the information supplied with the	nis filing does not qualify for the		Section 1	19.07(3)(i), Florida Statute	s. I further certif	y that the		7

of the corporation or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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: