

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91416 009 ***150.00

DOCUMENT # P98000009820

1. Entity Name
KALICHMAN INVESTMENTS, INC.

Principal Place of Business
~~17600 NORTH BAY ROAD #702~~
~~MIAMI BEACH FL 33160~~

Mailing Address
~~17600 NORTH BAY ROAD #702~~
~~MIAMI BEACH FL 33160~~



2. Principal Place of Business
19333 COLLINS AV. #1501

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1501

City & State

City & State

SUNNY ISLES BEACH

FL 33160

Zip

Country

DADE

Zip

Country

4. FEI Number **65-0823385**

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

7. Name and Address of New Registered Agent

KALICHMAN, DAVID

~~17600 NORTH BAY ROAD #702~~ **19333 COLLINS AVE #1501**
~~MIAMI BEACH FL 33160~~ **SUNNY ISLES BEACH, FL 33160**

Name

SAME

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

19333 COLLINS AVE #1501

SUNNY ISLES BEACH

City

N. MIAMI

FL

Zip Code **33160**

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 _____ (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, 2002 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 **PTD** ☐ Delete
NAME **KALICHMAN, DAVID**
STREET ADDRESS **17600 NORTH BAY ROAD #702**
CITY-ST-ZIP **MIAMI BEACH FL 33160**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-2002 932-9541

Date Daytime Phone #

CR2E034 (9/01)