

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36411

1. Entity Name

PAPANICOLAOU CORPS FOR CANCER RESEARCH, INC.

Principal Place of Business

3800 OCEAN DRIVE
SUITE #242
HOLLYWOOD FL 33019
US

Mailing Address

3800 OCEAN DRIVE
STE 242
HOLLYWOOD FL 33019-2930
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0171014

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

DERNIS, MARTIN M.
2701 SW LEJEUNE ROAD
SUITE 401
CORAL GABLES FL 33134

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME CUTLER, ANITA K
STREET ADDRESS 2500 PARKVIEW DR
CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete

TITLE
NAME Anita Kaplan Cutler ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME WACHTEL, SHIRLEY
STREET ADDRESS 2500 PARKVIEW DR
CITY-ST-ZIP HALLANDALE FL 33009-2012 ☐ Delete

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

TITLE VD
NAME KALVIN, ELEANOR
STREET ADDRESS 10423 S CIRCLE LAKE DR 201
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ Delete

TITLE
NAME Eleanore M. Kalvin ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

CR2E037 (9/99)