

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90781 006 ****70.00

DOCUMENT # N36411

1. Entity Name

PAPANICOLAOU CORPS FOR CANCER RESEARCH, INC.



Principal Place of Business

**1166 W NEWPORT CTR DR
112
DEERFIELD BEACH FL 33442
US**

Mailing Address

**1166 W NEWPORT CTR DR
112
DEERFIELD BEACH FL 33442
US**

2. Principal Place of Business

3. Mailing Address

1192 E. NEWPORT CTR DR. 1192 E. Newport CTR DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

120

120

City & State

City & State

Deerfield Beach FL Deerfield Beach FL

Zip

Zip

33442

33442

Country

Country



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	☒ Delete
NAME	WACHTEL, SHIRLEY	
STREET ADDRESS	2500 PARKVIEW DR	
CITY-ST-ZIP	HALLANDALE FL 33009-2012	
TITLE	PD	☒ Delete
NAME	KALVIN, ELEANOR	
STREET ADDRESS	10423 S CIRCLE LAKE DR 201	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VPD	☒ Delete
NAME	BERKOWITZ, GLORIA	
STREET ADDRESS	7551 REXFORD ROAD	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	☐ Change ☒ Addition
NAME	Deborah STEINER	
STREET ADDRESS	19787 Oakbrook CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	PD	☐ Change ☒ Addition
NAME	GLORIA BERKOWITZ	
STREET ADDRESS	7551 REXFORD RD	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	VPD	☐ Change ☒ Addition
NAME	JOY GOLDSTEIN	
STREET ADDRESS	17011 GRAND BAY DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Required

4-11-03 954 425-8100

CR2E037 (10/02)