

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 07, 2001 8:00 am**
Secretary of State

03-19-2001 90044 027 ****61.25

DOCUMENT # N49580

1. Entity Name

PEER CENTER, INC.

Principal Place of Business

Mailing Address

4545 NW 9TH AVENUE
FORT LAUDERDALE FL 33309
US4545 NW 9TH AVENUE
FORT LAUDERDALE FL 33309
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

65-0395121

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

SHERMAN, KIM ESQ.
1000 CORPORATE DR STE 310
FORT LAUDERDALE FL 33334

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 \$61.259. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
PAZICKY, EDWARD
455 NW 17TH PLACE #8
FT LAUDERDALE FL 33311 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
COLLINS, WILLIAM
6580 SANTONA STREET #15
CORAL GABLES, FL 33146 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SISKY, ALAN
111 BRINEY AVE #2208
POMPANO BEACH FL 33062 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
RICHARD GAYNON
6000 NW 7 STREET #5
MARGATE, FL 33063 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MORROW, PAT
1000 SW 84TH AVE
PEMBROKE PINES FL 33025 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
KATHLEEN MCQUILKIN
300 NW 24 COURT
POMPANO BEACH, FL 33064 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MERSON, FLORENCE
8135 SUNRISE LAKES BLVD., #311
SUNRISE FL ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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)(l), 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

3-15-01 (954) 202-7867
Date Daytime Phone #

CR2E037 (10/00)