

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000108

1. Entity Name

PARTNERS ALLIANCE FOR LIVING SKILLS, INC.

Principal Place of Business

7667 NW 25TH STREET
MARGATE FL 33063

Mailing Address

7667 NW 25TH STREET
MARGATE FL 33063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BINSTOCK, ISADORE C
7667 NW 25TH STREET
MARGATE FL 33063

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 D ☐ Delete
NAME BINSTOCK, ISADORE C
STREET ADDRESS 7667 NW 25TH STREET
CITY-ST-ZIP MARGATE FL 33063

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

TITLE D ☐ Delete
NAME WEINTRAUB, VICTORIA
STREET ADDRESS 7667 NW 25TH STREET
CITY-ST-ZIP MARGATE FL 33063

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

TITLE D ☒ Delete
NAME MONTE, MARIE
STREET ADDRESS 7667 NW 25TH STREET
CITY-ST-ZIP MARGATE FL 33063

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

TITLE D ☒ Delete
NAME COSTA, MURIEL
STREET ADDRESS 7667 NW 25TH STREET
CITY-ST-ZIP MARGATE FL 33063

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

TITLE D ☐ Delete
NAME MAZONE, LINDA
STREET ADDRESS 7667 NW 25TH STREET
CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ Change ☐ Addition
NAME MALONE, LINDA
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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:

Isadore C. Binstock 2/11/01 954-831-8373

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90228 006 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)