

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90030 004 ****61.25

DOCUMENT # N49580

1. Entity Name

PEER CENTER, INC.

Principal Place of Business

**NW 9TH AVENUE
 FORT LAUDERDALE FL 33309
 US**

Mailing Address

**4545 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 \$61.25

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 **CD** ☒ Delete
 NAME **COLLINS, WILLIAMS**
 STREET ADDRESS **6580 SANTONA ST 15**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **CHAIRMAN** ☐ Change ☒ Addition
 NAME **Stephen Fischer "D"**
 STREET ADDRESS **3800 Oak Clubhouse Dr., #302**
 CITY-ST-ZIP **Pompano Beach, FL 33069**

TITLE **TD** ☒ Delete
 NAME **GAGNON, RICHARD**
 STREET ADDRESS **6000 NW 7 ST 5**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE **VICE-CHAIR PERSON** ☐ Change ☒ Addition
 NAME **Marilyn Carmi "D"**
 STREET ADDRESS **9661 NW 16th St.**
 CITY-ST-ZIP **Pembroke Pines, FL 33024**

TITLE **SD** ☒ Delete
 NAME **MCQUILKIN, KATHLEEN**
 STREET ADDRESS **300 NW 24 CT**
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **SECRETARY** ☐ Change ☒ Addition
 NAME **Alan Sisisky "D"**
 STREET ADDRESS **111 Briney Ave., #2208 South**
 CITY-ST-ZIP **Pompano Beach, FL 33062**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TREASURER** ☐ Change ☒ Addition
 NAME **Bertha Laskow "D"**
 STREET ADDRESS **6090 Sabal Palm, #101**
 CITY-ST-ZIP **Tamara, FL 33319**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **EXECUTIVE DIRECTOR** ☐ Change ☒ Addition
 NAME **Edward C. PAZICKI "D"**
 STREET ADDRESS **455 NW 17th Place Apt. 8**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33310**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 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 life empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2002

954/202-7867

Date

Daytime Phone #

CR2E037 (9/01)