

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000088515

1. Entity Name

SECURE CARE CENTERS, INC.

FILED

Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90041 008 ***158.75

Principal Place of Business

1177 GEORGE BUSH BLVD.
SUITE 308
DELRAY BEACH FL 33483

Mailing Address

1177 GEORGE BUSH BLVD.
SUITE 308
DELRAY BEACH FL 33483-7239

2. Principal Place of Business

4960 NORTH DIXIE HWY

Suite, Apt. #, etc.

3. Mailing Address

210 N. UNIVERSITY DR

Suite, Apt. #, etc.

800

City & State

FORT LAUDERDALE, FL

City & State

CORAL SPRINGS, FL

4. FEI Number

65-0953464

Applied For

Zip

33334

Country

BROWARD

Zip

33072

Country

BROWARD

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

STILLMAN, L. VAN ESQ.
1177 GEORGE BUSH BLVD.
SUITE 308
DELRAY BEACH FL 33483

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME CHAIRMAN, M
STREET ADDRESS DR. JULES TROP, MD.
CITY-ST-ZIP 1334 MONROE ST
HOLLYWOOD, FL 33019

TITLE ☐ Delete
NAME P
STREET ADDRESS GREGORY SILVERMAN
CITY-ST-ZIP 2180 SW 28TH WAY
FORT LAUDERDALE, FL 33312

TITLE ☐ Delete
NAME V
STREET ADDRESS MARK ROSS
CITY-ST-ZIP 9170 NW 53RD ST.
CORAL SPRINGS, FL 33067

TITLE ☐ Delete
NAME T
STREET ADDRESS JASON ZELDMAN
CITY-ST-ZIP 210 NORTH UNIVERSITY DR #800
CORAL SPRINGS, FL 33071

TITLE ☐ Delete
NAME S
STREET ADDRESS ERIK BONOFF D.C.
CITY-ST-ZIP 4960 NORTH DIXIE HWY
FORT LAUDERDALE, FL 33334

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gregory Silverman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-00
Date

(954) 757-7100
Daytime Phone #

CR2E034 (9/99)