

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90121 005 ****61.25

DOCUMENT # 712674

1. Entity Name

GREATER CORAL GABLES CHAPTER #449 OF AMERICAN AS

Principal Place of Business

Mailing Address

CORAL GABLES YOUTH CENTER
 CORAL GABLES FL 33134
 US

611 SW 47 COURT
 MIAMI FL 33134-1405
 US

00008846



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6209755

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HANCHEY, JOSEPHINE
611 SW 47 COURT
MIAMI 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.

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 Delete
 NAME **TD**
HANCHEY, JOSE PHINE
 STREET ADDRESS **611 SW 47 COURT**
 CITY-ST-ZIP **MIAMI FL 33134**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD**
SILVERSTEIN, JANICE
 STREET ADDRESS **1765 SW 24 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33145**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **CPMT**
CAMBELL, ANN
 STREET ADDRESS **6280 SW 16 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SDT**
ANGELICA, ANITA
 STREET ADDRESS **7824 SW 35 TR**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE Change Addition
 NAME **SPT**
BELSKY, NORMA
 STREET ADDRESS **6300 SW 16 TERRACE**
 CITY-ST-ZIP **MIAMI, FL 33155**

TITLE Delete
 NAME **PD**
HANCHEY, WALLACE
 STREET ADDRESS **611 SW 47TH COURT**
 CITY-ST-ZIP **MIAMI FL 33145**

TITLE Change Addition
 NAME
 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:

Josephine Hanchey
SIGNATURE REQUIRED

1/15/2000

305-444-1002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)