

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 722295**

1. Entity Name

COMMUNITY HABILITATION CENTER, INC.

Principal Place of Business

**11450 S.W. 79TH ST.
MIAMI FL 33173**

Mailing Address

**11450 S.W. 79TH ST.
MIAMI FL 33173**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

23-7171039

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****MAZZARELLA, JOHN
1900 BISCAYNE BLVD
MIAMI FL 33132****7. Name and Address of New Registered Agent**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZZARELLA, JOHN 1900 BISCAYNE BLVD MIAMI FL 33132	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STANIEWICZ, JOSEPH 8845 SW 99 ST MIAMI FL 33189	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRACY, EDITH 14121 SW 74 TERR MIAMI FL 33183	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEEKS, GLORIA 7301 SW 35TH STREET MIAMI FL 33155	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAZQUEZ, ROSARIO 13956 SW 151 LANE MIAMI FL 33186	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BELLO-GURRUCHAGA, DIANA 11450 SW 79 STREET MIAMI FL 33173	☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURBER, Wayne 11825 SW 107th AVE MIAMI, FL 33176	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	H TETZELI, Andrew P. 6981 S.W. 59 ST. MIAMI, FL 33143	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE 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)(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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)