

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90006 017 ****61.25

DOCUMENT # N97000006975

1. Entity Name

CHS CARES, INCORPORATED

CUA

Principal Place of Business

Mailing Address

333 ARTHUR GODFREY RD
 #402 600
 MIAMI FL 33140

333 ARTHUR GODFREY RD
 #402 600
 MIAMI FL 33140

2. Principal Place of Business

3. Mailing Address

333 ARTHUR Godfrey Rd.
 Suite, Apt. #, etc.
 # 600

333 ARTHUR Godfrey Rd.
 Suite, Apt. #, etc.
 # 600

City & State

City & State

MIAMI, Florida

MIAMI, Florida

Zip
 33140

Country
 USA

Zip
 33140

Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0806685**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

GORDON, HOWARD W
100 SE 2ND STREET, 17TH FLOOR
MIAMI FL 33131

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
After September 12, 2001, min. will be \$236.25

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 MORAN, AMARILLIS
 15 STAR IS DR
 MIAMI BCH FL 33139 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DV
 VACCA, THOMASINA
 20191 E COUNTRY CLUB DR, #1504
 N. MIAMI BEACH FL 33180 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DS
 ACERO, IVONNE
 8200 LOS PINOS BLVD
 CORAL GABLES FL 33143 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
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 Change Addition

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 Delete

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 affidavit, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

09/15/01

(305)5031988

0007081

CR2E037 (5/01)