

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-28-2002 91728 011 ****61.25

DOCUMENT # N97000006975

1. Entity Name

CHS CARES, INCORPORATED

Principal Place of Business

333 ARTHUR GODFREY RD
#600
MIAMI FL 33140

Mailing Address

333 ARTHUR GODFREY RD
#600
MIAMI FL 33140

36904



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15 WEST STAR Island Dr

Suite, Apt. #, etc.

3. Mailing Address

15 WEST STAR Island Dr

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip *33139*

Country *Dade*

City & State

Miami Beach, FL

Zip *33139*

Country *Dade*

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

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

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 \$61.25

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

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

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

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

TITLE Delete
NAME *1st Vice*
NAME **Jesus Quinto**
STREET ADDRESS **15 West Star Island**
CITY-ST-ZIP **Miami Beach FL 33139**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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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STREET ADDRESS
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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, and all other like empowered.

SIGNATURE: **SIGNATURE RE AMARILLIS MORAN - President, 05/04/02 (305) 5801172**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)