

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90089 039 ****61.25

DOCUMENT # 722295

1. Entity Name

COMMUNITY HABILITATION CENTER, INC.

Principal Place of Business

Mailing Address

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

11450 S.W. 79TH ST.
 MIAMI FL 33173-3640

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

DICKSON EILEEN
8201 SW 142 AVE
MIAMI FL 33183

Name **JOHN MAZZARELLA**

Street Address (P.O. Box Number is Not Acceptable)
1900 BISCAYNE BLVD

MIAMI, FL

City

FL

Zip Code

33132

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!
FEES 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 NAME STREET ADDRESS CITY-ST-ZIP	TR MCCLAIN, PAUL 5505 EAST 6TH AVE HEALEAH FL 33013	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR PASCHAL, CARL 20223 SW 103 AVENUE MIAMI FL 33189	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR TRACY, EDITH 74 TERRACE MIAMI FL 33183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR WEIDMAN, ALICE 8941 SW 160 STREET MIAMI FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR VAZQUEZ, ROSARIO 15106 SW 140 COURT MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MATAMOROS, LOURDES 15615 SW 61 TERRACE MIAMI FL 33183	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BC MAZZARELLA, JOHN 1900 BISCAYNE BLVD. MIAMI, FL 33132	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STANIEWICZ, JOSEPH 8845 SW 99 ST MIAMI, FL 33189	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR TRACY, EDITH 14121 SW 74 TERR MIAMI, FL 33183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BELLO-GURRUCHAGA, DIANA 11450 SW 79 STREET MIAMI, FL 33173	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

JOHN MAZZARELLA

3/6/00

305-576-5075

CR2E037 (9/99)