

2001 UNIFORM BUSINESS REPORT (UBR)

4/17

FILED
May 22, 2001 8:00 am
Secretary of State

04-17-2001 90172 039 *****70.00

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

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

MAZZARELLA, JOHN
1900 BISCAYNE BLVD
MIAMI FL 33132

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	CD	☐ Delete
NAME	MAZZARELLA, JOHN	
STREET ADDRESS	1900 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	FBP	☐ Delete
NAME	STANIEWICZ, JOSEPH	
STREET ADDRESS	8845 SW 99 ST	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	TD	☐ Delete
NAME	TRACY, EDITH	
STREET ADDRESS	14121 SW 74 TERR	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	TD	☒ Delete
NAME	WEIDMAN, ALICE	
STREET ADDRESS	8941 SW 160 STREET	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	TD	☐ Delete
NAME	VAZQUEZ, ROSARIO	
STREET ADDRESS	15406 SW 140 COURT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	M	☐ Delete
NAME	BELLO-GURRUCHAGA, DIANA	
STREET ADDRESS	11450 SW 79 STREET	
CITY-ST-ZIP	MIAMI FL 33173	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	GLORIA MEERS	
STREET ADDRESS	7301 S.W. 35TH ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	13956 SW 151 Lane	
CITY-ST-ZIP	MIAMI FL 33186	
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)(f), 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 #

205 279 7994

CR2E037 (10/00)