

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90333 001 ****61.25

DOCUMENT # 712674

1. Entity Name

**GREATER CORAL GABLES CHAPTER #449 OF AMERICAN AS
 SOCIATION OF RETIRED PERSONS, INC.**

Principal Place of Business

Mailing Address

CORAL GABLES YOUTH CENTER
 CORAL GABLES FL 33134
 US

611 SW 47 COURT
 MIAMI FL 33134
 US

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

59-6209755

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

**HANCHEY, JOSEPHINE
 611 SW 47 COURT
 MIAMI FL 33134**

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

Josephine Hanchey
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/4/2002

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	TD	<input type="checkbox"/> Delete
NAME	HANCHEY, JOSE PHINE	
STREET ADDRESS	611 SW 47 COURT	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SILVERSTEIN, JANICE	
STREET ADDRESS	1765 SW 24 AVENUE	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	CPMT	<input type="checkbox"/> Delete
NAME	CAMBELL, ANN	
STREET ADDRESS	6280 SW 16 TERRACE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HANCHEY, WALLACE	
STREET ADDRESS	611 SW 47TH COURT	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	SPT	<input type="checkbox"/> Delete
NAME	BELSKY, NORMA	
STREET ADDRESS	6300 SW 16 TERRACE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNIGHT, MARGARET	
STREET ADDRESS	9440 SW 33 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CP2E037 (9/01)

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Josephine Hanchey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/02
 Date

305-444-1002
 Daytime Phone #