

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765986

1. Entity Name

C. H. C. AUXILIARY ACTION CORPS., INC.

Principal Place of Business

11450 SW 79TH STREET
MIAMI FL 33173

Mailing Address

11450 SW 79TH STREET
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

59-2434730

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DICKSON, EILEEN
8201 SW 142 AVE
MIAMI FL 33183

7. Name and Address of New Registered Agent

Name Meeks, Gloria

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

7301 S.W. 35th St.

City

MIAMI

FL

Zip Code

33155

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

Gloria Meeks

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

(NOTE: Registered Agent signature required when reinstating)

3-9-2000

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 D ☐ Delete
NAME STANIEWICZ, MILDRED
STREET ADDRESS 8845 SW 99TH STREET
CITY-ST-ZIP MIAMI FL 33176

TITLE VD ☐ Delete
NAME TRACY, EDITH
STREET ADDRESS 14121 SW 74 TERR
CITY-ST-ZIP MIAMI FL 33183

TITLE VPD ☒ Delete
NAME AZCUY, HORTENSIA
STREET ADDRESS 15420 SW 302ND STREET
CITY-ST-ZIP LEISURE CITY FL 33033

TITLE PD ☒ Delete
NAME GALLIAN, BARBARA
STREET ADDRESS 9615 HATIAN DRIVE
CITY-ST-ZIP MIAMI FL 33189

TITLE TD ☒ Delete
NAME STEWART, MOLLY
STREET ADDRESS 9600 CUTLER REIDGE DRIVE
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE 1st VP ☒ Change ☐ Addition
NAME STANIEWICZ, MILDRED
STREET ADDRESS 8845 SW 99 STREET
CITY-ST-ZIP MIAMI, FL 33176

TITLE PD ☒ Change ☐ Addition
NAME TRACY, EDITH
STREET ADDRESS 14121 SW 74 TERR
CITY-ST-ZIP MIAMI, FL 33183

TITLE 2ND VP ☐ Change ☒ Addition
NAME WEIDMAN, ALICE
STREET ADDRESS 8941 S.W. 160th St.
CITY-ST-ZIP MIAMI, FL 33157

TITLE SCRY ☐ Change ☒ Addition
NAME HEEKS, GLORIA
STREET ADDRESS 7301 S.W 35th St
CITY-ST-ZIP MIAMI, FL 33155

TITLE TD ☐ Change ☒ Addition
NAME VAZQUEZ, ROSARIO
STREET ADDRESS 14812 S.W 90 Terr.
CITY-ST-ZIP MIAMI, FL 33196

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-2000

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90008 040 ****61.25

C0044361



DO NOT WRITE IN THIS SPACE