

2001 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

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

7. Name and Address of New Registered Agent

MEEK, GLORIA
7301 SW 35TH ST
MIAMI FL 33155

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MECKS, Gloria
7301 SW 35th Ave
MIAMI FL 33155 ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ISABEL HARTNETT
3540 SW 105 Ave
MIAMI FL 33165 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ALICE WEIDMAN
8941 SW 160 St.
MIAMI FL 33157 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-2001

CR2E037 (10/00)

0043346

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90254 036 *****61.25



DO NOT WRITE IN THIS SPACE