

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90052 014 ****61.25

DOCUMENT # 765986

1. Entity Name

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

Principal Place of Business

Mailing Address

**11450 SW 79TH STREET
 MIAMI FL 33173**

**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

4. FEI Number

59-2434730

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

~~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

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

TITILE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITILE Delete
 NAME **D TRACY, EDITH**
 STREET ADDRESS **14121 SW 74 TERR**
 CITY-ST-ZIP **MIAMI FL 33183**

TITILE Change Addition
 NAME **P TRACY, EDITH**
 STREET ADDRESS **14121 SW 74 TERR.**
 CITY-ST-ZIP **MIAMI FL 33183**

TITILE Delete
 NAME **V HARTNETT, ISABEL**
 STREET ADDRESS **3540 SW 105 AVE**
 CITY-ST-ZIP **MIAMI FL 33165**

TITILE Change Addition
 NAME **D HARTNETT, ISABEL**
 STREET ADDRESS **3540 SW 105 AVE**
 CITY-ST-ZIP **MIAMI, FL 33165**

TITILE Delete
 NAME **V WEIDMAN, ALICE**
 STREET ADDRESS **8941 SW 160 ST**
 CITY-ST-ZIP **MIAMI FL 33157**

TITILE Change Addition
 NAME **D WEIDMAN, ALICE**
 STREET ADDRESS **8941 SW 160 St**
 CITY-ST-ZIP **MIAMI, FL 33157**

TITILE Delete
 NAME **T MEEKS, GLORIA**
 STREET ADDRESS **7301 SW 35TH AVE**
 CITY-ST-ZIP **MIAMI FL 33155**

TITILE Change Addition
 NAME **S MEEKS, GLORIA**
 STREET ADDRESS **7301 SW 35TH AVE**
 CITY-ST-ZIP **MIAMI, FL 33155**

TITILE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITILE Change Addition
 NAME **V MAGANA, MARY**
 STREET ADDRESS **17025 SW 122 Ave**
 CITY-ST-ZIP **MIAMI, FL 33177**

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: _____

Mildred Staniewicz

3-4-2002

305-596-5351

CR2E037 (9/01)