

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000004095

FILED
Jan 17, 2002 8:00 AM
Secretary of State

Entity Name: THE GREATER HOMESTEAD/FLORIDA CITY CHAMBER HEALTH CARE ALLIANCE, INC.

Current Principal Place of Business:

43 NORTH KROME AVE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

43 NORTH KROME AVE
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FINLAN, MARY A
43 NORTH KROME AVE
HOMESTEAD, FL 33030

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WELLER, THOMAS R
Address: 65 NW 16 STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: GOLD, COREY D
Address: 160 NW 13 STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: LIPE, DANIEL
Address: 28801 SW 157 AVE
City-St-Zip: HOMESTEAD, FL 33033

Title: D () Delete
Name: FIALLOS, IGNACIO
Address: 70 NE 3 STREET
City-St-Zip: FLORIDA CITY, FL 33034

Title: D () Delete
Name: MCMILLAN, JANE W
Address: 2 SOUTH BISCAYNE BLVD STE 3750
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: OLESON, KATY
Address: 5 SOUTH FLAGLER AVE
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LAVENE, KATRINA
Address: 437 N KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATRINA LAVENE

D

01/17/2002

Electronic Signature of Signing Officer or Director

_____ Date