

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-01-2003 90292 031 ****61.25

DOCUMENT # NO1000004095



1. Entity Name

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

Principal Place of Business

**43 NORTH KROME AVE
HOMESTEAD FL 33030**

Mailing Address

**43 NORTH KROME AVE
HOMESTEAD FL 33030**

55044076

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **APPLIED FOR**
01-053861

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WELLER, THOMAS R**
STREET ADDRESS **65 NW 16 STREET**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **D** ☐ Delete
NAME **GOLD, COREY D**
STREET ADDRESS **160 NW 13 STREET**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **D** ☐ Delete
NAME **LIPE, DANIEL**
STREET ADDRESS **28801 SW 157 AVE**
CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE **D** ☐ Delete
NAME **FIALLOS, IGNACIO**
STREET ADDRESS **70 NE 3 STREET**
CITY-ST-ZIP **FLORIDA CITY FL 33034**

TITLE **D** ☐ Delete
NAME **MCMILLAN, JANE W**
STREET ADDRESS **2 SOUTH BISCAYNE BLVD STE 3750**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☒ Delete
NAME **LAVENE, KATRINA**
STREET ADDRESS **437 N KROME AVENUE**
CITY-ST-ZIP **HOMESTEAD FL 33030**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME **Pierce, James**
STREET ADDRESS **48 NE 15th ST**
CITY-ST-ZIP **Homestead, FL 33030**

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

Jane W. McMillan

4/21/03

Date

Daytime Phone #

305 374-4008

CR2E037 (10/02)