

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006975

1. Entity Name

CHS CARES, INCORPORATED

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90927 047 ****70.00

Principal Place of Business

Mailing Address

2000 NW 84 AVE.
MIAMI FL 33027

2000 NW 84 AVE.
MIAMI FL 33122-1520

2. Principal Place of Business

3. Mailing Address

333 ARTHUR GODFREY RD
Suite, Apt. #, etc.
#402

Suite, Apt. #, etc.
Same

City & State
Miami Beach, FLA

City & State

Zip
33140

Country
U.S.A

Zip

Country

4. FEI Number

65-0806685

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORDON, HOWARD W
100 SE 2ND STREET, 17TH FLOOR
MIAMI FL 33131

NO
CHANGE

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.

CK# 2666
4-25-00
\$70.00

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
DP
MORAN, AMARILLIS
15 STAR IS DR
MIAMI BCH FL 33139 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
VACCA, THOMASINA
2091 E. COUNTRY CLUB DR., #1504
N. MIAMI BEACH FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
20191 E. COUNTRY CLUB DR
#1504

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
ACERD, IVONNE
8200 LOS PINOS BLVD
CORAL GABLES FL 33143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
ACERO, IVONNE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
QUINTERO, JESUS
2000 NW 84 AVE.
MIAMI FL 33122 ☒ 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

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:

THOMASINA VACCA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

305-932-9056
Date Daytime Phone #

CR2E037 (9/99)