

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000006975**

1. Entity Name

CHS CARES, INCORPORATED**FILED**
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90006 017 ****61.25

Principal Place of Business

333 ARTHUR GODFREY RD
#402 600
MIAMI FL 33140

Mailing Address

333 ARTHUR GODFREY RD
#402 600
MIAMI FL 33140

2. Principal Place of Business

333 ARTHUR Godfrey Rd.Suite, Apt. #, etc.
600City & State
MIAMI, FloridaZip Country
33140 USA

3. Mailing Address

333 ARTHUR Godfrey Rd.Suite, Apt. #, etc.
600City & State
MIAMI, FloridaZip Country
33140 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0806685**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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
After September 12, 2001, min. will be \$236.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MORAN, AMARILLIS
15 STAR IS DR
MIAMI BCH FL 33139☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
VACCA, THOMASINA
20191 E COUNTRY CLUB DR, #1504
N. MIAMI BEACH FL 33180☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
ACERO, IVONNE
8200 LOS PINOS BLVD
CORAL GABLES FL 33143☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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 REQUIRED

09/15/01 (305)5031988

0007081

CR2E037 (5/01)