


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

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90069 049 \*\*\*\*61.25

**DOCUMENT # N97000006975**

1. Entity Name  
**CHS CARES, INCORPORATED**



Principal Place of Business      Mailing Address

**15 WEST STAR ISLAND DR  
MIAMI BEACH FL 33139  
US**

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MIAMI BEACH FL 33139  
US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0806685**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>MORAN, AMARILLIS</b>	
STREET ADDRESS	<b>15 STAR IS DR</b>	
CITY-ST-ZIP	<b>MIAMI BCH FL 33139</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>VACCA, THOMASINA</b>	
STREET ADDRESS	<b>20191 E COUNTRY CLUB DR, #1504</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33180</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>ACERO, IVONNE</b>	
STREET ADDRESS	<b>8200 LOS PINOS BLVD</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33143</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>QUINTERO, JESUS</b>	
STREET ADDRESS	<b>15 WEST STAR ISLAND</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**

CR2E037 (10/02)