

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000014416

1. Entity Name

CHCS OF FLORIDA, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90148 016 ***158.75

Principal Place of Business

Mailing Address

3050 UNIVERSAL BLVD
SUITE 150
WESTON FL 33351
US

3050 UNIVERSAL BLVD
SUITE 150
WESTON FL 33331-3514
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0557422

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALLACE, MILTON J
2222 PONCE DE LEON BLVD. STE. 303
CORAL GABLES FL 33134

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
JACOBS, GARY
3050 UNIVERSAL BLVD SUITE 150
WESTON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Bauman, Bryan W.
1200 Brickell Ave. Ste. 1720
Miami FL 33131 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHAPIRO, ARTHUR
3141 ROYAL PALM AVENUE
MIAMI BEACH FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
WALLACE, MILTON
2222 PONCE DE LEON BLVD #303
CORAL GABLES FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SAVITSKY, STEVEN
1983 MARCUS AVENUE CB7011
LAKE SUCCESS NY ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHULMAN, DAVID
600 CORPORATE DRIVE SUITE 200
FORT LAUDERDALE FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
ZIMMERMAN, SUSAN
3050 UNIVERSAL BLVD SUITE 150
WESTON FL ☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/00

(954) 283-4800

CR2E034 (9/99)