2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an aderess

SIGNATURE:

FILED **DOCUMENT # 770747** Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** COMMUNITY AIDS RESOURCE, INC. 01-19-2000 90261 009 ****61.25 Mailing Address Principal Place of Business 1320 SO. DIXIE HWY. 1320 SOUTH DIXIE HWY STE. 485 STF 485 MIAMI FL 33146-2925 **MIAMI FL 33146** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2564198 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name = Street Address (P.O. Box Number is Not Acceptable) BLUM, SAMUEL, ESQ. 2951 S. BAYSHORE DR. #811 MIAMI FL 33133 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME ALVAREZ, BETTY STREET ADDRESS 7871 SCHOOLHOUSE RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33143 ☐ Change Addition ☐ Delete TITLE W NAME ALVAREZ, MICHELLE STREET ADDRESS STREET ADDRESS 99 NE 4TH STREET, 6TH FLOOR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33132 Change Addition TITLE ☐ Delete TD . NAME PEDROSO, GLENDA STREET ADDRESS STREET ADDRESS 700 BRICKELL AVE. 4TH FL. CITY-ST-ZIP CITY-ST-ZIP <u>MIAMI FL 33131</u> Delete í**⊠** Change **Addition** SD TITLE TITLE Kathic Sigler Aso NW 20th Stree NAME NAME SNITZER, FRED STREET ADDRESS STREET ADDRESS 3078 SW 38TH ST Miami, FL 33127 CITY-ST-ZIF CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME SICLARI, RICHARD STREET ADDRESS STREET ADDRESS 1320 SOUTH DIXIE HWY., STE. 485 CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL 33146** Addition ☐ Change ☐ Delete TITLE TITLE Russell NAME NAME 1780 NE 1374 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP North Miani 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