2001 UNIFORM BUSINESS REPORT (UBR)					FILED			
DOCUMENT # 770747 1. Entity Name COMMUNITY AIDS RESOURCE, INC.					Jan 22, 2001 08:00 AM Secretary of State			
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Principal Place 1320 SOUTH D STE 485 MIAMI 33146		Mailing Address 1320 SO. DIXIE HWY. STE. 485 MIAMI 33146	- FL	-				
2. Principal P	lace of Business	3. Mailing Address				•		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 59-2564				
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current F	Registered Agent	No	7. Name and	7. Name and Address of New Registered Agent			
BLUM, SAMUEL, ESQ. 2951 S. BAYSHORE DR. #811			Name Street A	t Address (P.O. Box Number is Not Acceptable)				
MIAMI FL								
33133 US			City	FL Zip Code				
8. The above	named entity submits this statement for Signature, typed or printed name of registered agent a			registered agent, or bo		2/2001		
FILE NOW: 9. Election Campaign F Trust Fund Contributi				\$5.00 May Be Added to Fees	Make Chec	k Payable to nt of State		
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CH	ANGES TO OFFICERS AND	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CORBETT RUSSELL 1780 NE 137TH TERR NORTH MIAMI	Delete FL 33181	NAME STREET ADDRESS CITY-ST-ZIP	4		Change	☐ Addition	
TITLE NAME STREET ADDRESS	MD SICLARI RICHARD	☐ Delete	TITLE NAME			☐ Change	☐ Addition	
CITY-ST-ZIP	1320 SOUTH DIXIE HWY., STE. 485 CORAL GABLES	FL 33146	STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS	SD SIGLER KATHIE 950 NW 260TH ST	☐ Delete	TITLE NAME STREET ADDRESS	5322 NW 22ND AVEN	2 NW 22ND AVENUE			
CITY-ST-ZIP	MIAMI	FL 33127	CITY-ST-ZIP	MIAMI				
NAME STREET ADDRESS CITY-ST-ZIP	TD PEDROSO GLENDA 700 BRICKELL AVE. 4TH FL. MIAMI	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS	VD ALVAREZ MICHELLE 99 NE 4TH STREET, 6TH FLOOR	☐ Delete	TITLE NAME STREET ADDRESS	VD SIGLER KATE 5243 NW 94TH PLACE	E-	IX Change	☐ Addition	
CITY-ST-ZIP	MIAMI	FL 33132	CITY-ST-ZIP	MIAMI	, FL	33178		
TITLE NAME	PD ALVAREZ BETTY	☐ Delete	TITLE NAME	PD BROWN TER	ENCE L	■ Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

Richard Siclari

7871 SCHOOLHOUSE RD.

THE REPORT OF THE PROPERTY OF

FL 33143

MD

MIAMI

780 NE 69TH STREET, #1702

01/22/2001

33138

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