2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 770747

Entity Name: COMMUNITY AIDS RESOURCE, INC.

FILED Feb 03, 2003 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

1320 SOUTH DIXIE HWY 1320 SOUTH DIXIE HWY

STE 485 STE 485

MIAMI, FL 33146 CORAL GABLES, FL 33146 US

Current Mailing Address: New Mailing Address:

1320 SO. DIXIE HWY. 1320 SO. DIXIE HWY.

STE. 485 STE. 485

MIAMI, FL 33146 CORAL GABLES, FL 33146 US

FEI Number: 59-2564198 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BLUM, SAMUEL, ESQ. 2951 S. BAYSHORE DR. #811 MIAMI, FL 33133

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:

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete BROWN, TERENCE L BROWN, TERENCE L Name: Name:

780 NE 69TH STREET, #1702 Address: 780 NE 69TH STREET, #1702 Address:

City-St-Zip: MIAMI, FL 33138 City-St-Zip: MIAMI, FL 33138

Title: VD () Delete Title: SD (X) Change () Addition SIGLER, KATHIE Name: COHEN, LYNN Name:

Address: 5243 NW 94TH PLACE Address: 7955 SW 100TH ST City-St-Zip: MIAMI, FL 33178 City-St-Zip: MIAMI, FL 33156

Title: () Delete Title: (X) Change () Addition

PEDROSO, GLENDA Name: PEDROSO, GLENDA Name: 700 BRICKELL AVE. 4TH FL. 700 BRICKELL AVE. 4TH FL. Address: Address:

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131

Title: SD () Delete Title: VD (X) Change () Addition

Name: GARY, LORRAINE Name: GARY, LORRAINE 5322 NW 22ND AVENUE Address: Address: 5322 NW 22ND AVENUE

City-St-Zip: MIAMI, FL 33121 City-St-Zip: MIAMI, FL 33121

Title: MD () Delete Title: () Change () Addition

SICLARI, RICHARD Name: Name: 1320 SOUTH DIXIE HWY., STE. 485 Address: Address: CORAL GABLES, FL 33146 US City-St-Zip: City-St-Zip:

Title: () Delete Title: () Change () Addition

CORBETT, RUSSELL Name: Name: Address: 1780 NE 137TH TERR Address: NORTH MIAMI, FL 33181 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD SICLARI MD 02/03/2003