

**FILED**  
**Aug 21, 2003 8:00 am**  
**Secretary of State**

08-21-2003 90170 001 \*\*\*\*\*8.75  
 08-21-2003 90170 002 \*\*\*\*\*61.25

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

**DOCUMENT # N0200001073**

1. Entity Name  
**COMMUNITY TO ASSIST IN RESETTLEMENT OF  
 ASYLEES, (C.A.R.A.), INC.**



Principal Place of Business  
 6140 SW 70TH ST.  
 THIRD FLOOR SOUTH  
 MIAMI, FL 33143-3419

Mailing Address  
 6140 SW 70TH ST.  
 THIRD FLOOR SOUTH  
 MIAMI, FL 33143-3419

2. Principal Place of Business  
**13420 SW 77 AVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**13420 SW 77 AVE**  
 Suite, Apt. #, etc.

City & State  
**PINECREST FL**

City & State  
**PINECREST FL**

Zip  
**33156-6701**

Country  
**DADE**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**OBREGON, ERNESTO**  
**13420 SW 77TH AVE.**  
**PINECREST, FL 33156-6701**

4. FEI Number  
**32-000-2158**

Applied For  
 Not Applicable

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

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

**FILE NOW. FEE IS \$61.25**  
 Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	PD OBREGON, LUCIA 12941 SW 66 TERR DRIVE MIAMI, FL 33183	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANRIQUE, RAMON 12941 SW 66 TERR DRIVE MIAMI, FL 33183	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIOS, JENNY P 3266 SW 26 TERRACE MIAMI, FL 33133	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUNT, PAUL 6621 SW 64TH ST SOUTH MIAMI, FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANRIQUE, RAMON 3515 S. De Jeune Rd. CORAL GABLES FL. 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OBREGON, JANET 13420 SW 77 AVE PINECREST FL 33156-6701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ, VIVIAN 3515 S. De Jeune Rd. CORAL GABLES FL. 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAST PRESIDENT - D OBREGON, LUCIA 12941 SW 66 TERR DRIVE MIAMI, FL 33183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CFR2E037 (10/02)

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 the empowered.

SIGNATURE:  **Ramon Manrique** 08/14/03 305-5671152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #