| MIAMI, FL 33 <sup>4</sup>                     | 86  |                              |  |      |
|---|---|------------------------------|--|------|
|   | ling Address:<br>15 TERRACE<br>33186 US                         |                              |  |      |
| FEI Number: 86-2236219                        |   |                              | Certificate of Status Desired: No            |      |
| Name and Address of Current Registered Agent: |   |                              |  |      |
| REED, THOMA<br>11724 SW 115<br>MIAMI, FL 331  | TERRACE   |                              |  |      |
| The above name                                | d entity submits this statement for the purpose of changing it. | s registered office or regis | tered agent, or both, in the State of Florid | a.   |
| SIGNATURE                                     | E:  |                              |  |      |
|   | Electronic Signature of Registered Agent                        |                              |  | Date |
| Officer/Dire                                  | ctor Detail :   |                              |  |      |
| Title   | PTD   | Title                        | D  |      |
| Name  | REED, THOMAS S  | Name                         | DUDLEY, ROY                                  |      |
| Address                                       | 11724 SW 115 TERRACE  | Address                      | 11716 SW 115TH TERRACE                       |      |
| City-State-Zip:                               | MIAMI FL 33186  | City-State-Zip:              | MIAMI FL 33186                               |      |
|   |   |                              | MIAMITE 35100                                |      |
| Title   | D   |                              |  |      |
| Title<br>Name                                 | D<br>LUCAS, RITCHIE   |                              |  |      |
|   |   |                              |  |      |

I hereby 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 all other like empowered.

PRESIDENT

SIGNATURE: THOMAS S REED

Electronic Signature of Signing Officer/Director Detail

11724 SW 115 TERRACE MIAMI. FL 33186

## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N2000008273

### Entity Name: CARES CHARITIES ADVOCACY REAL ESTATE CORPORATION

# **Current Principal Place of Business:**

### FILED Feb 23, 2021 **Secretary of State** 9019870586CC

02/23/2021 Date