2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770747

FILED
Jan 19, 2000 8:00 am
Secretary of State
01-19-2000 90261 009 ****61.25

1. Entity Name

COMMUNITY AIDS RESOURCE, INC.

Principal Place of Business	Mailing Address
1320 SOUTH DIXIE HWY STE 485 MIAMI FL 33146 US	1320 SO. DIXIE HWY. STE. 485 MIAMI FL 33146-2925 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2564198 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLUM, SAMUEL, ESQ. 2951 S. BAYSHORE DR. #811 MIAMI FL 33133	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.

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALVAREZ, BETTY 7871 SCHOOLHOUSE RD. MIAMI FL 33143	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ALVAREZ, MICHELLE 99 NE 4TH STREET, 6TH FLOOR MIAMI FL 33132	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PEDROSO, GLENDA 700 BRICKELL AVE. 4TH FL. MIAMI FL 33131	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SNITZER, FRED 3078 SW 38TH ST CORAL GABLES FL 33146	☑ Delete	SD Kathie Sigler 950 NW 20th Street Miami, FL 33127	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD SICLARI, RICHARD 1320 SOUTH DIXIE HWY., STE. 485 CORAL GABLES FL 33146	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VD Russell Corbett 1780 NE 137th Terr. North Miami, FL 33181	☐ Change ☑ Addition

CR2E037 (9/99)

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 like empowered.

SIGNATURE: SIGNATURE OF OFFICER OR DIRECTOR Richard T Siclari 1/12/2000 305-667-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #