2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 08:00 AM
Secretary of State

DOCUMENT # 770747

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 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 US	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 _____ 01/22/2001
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	VD CORBETT RUSSELL 1780 NE 137TH TERR NORTH MIAMI FL 33181	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD SICLARI RICHARD 1320 SOUTH DIXIE HWY., STE. 485 CORAL GABLES FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SIGLER KATHIE 950 NW 260TH ST MIAMI FL 33127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GARY LORRAINE 5322 NW 22ND AVENUE MIAMI FL 33121	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PEDROSO GLENDA 700 BRICKELL AVE. 4TH FL. MIAMI FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ALVAREZ MICHELLE 99 NE 4TH STREET, 6TH FLOOR MIAMI FL 33132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SIGLER KATHIE 5243 NW 94TH PLACE MIAMI FL 33178	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALVAREZ BETTY 7871 SCHOOLHOUSE RD. MIAMI FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROWN TERENCE L 780 NE 69TH STREET, #1702 MIAMI FL 33138	☒ Change ☐ Addition

CR2E037 (11/00)

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: Richard Siclari MD 01/22/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #