2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 AM
Secretary of State

DOCUMENT# 770747

Entity Name: COMMUNITY AIDS RESOURCE, INC.

Current Principal Place of Business:

1320 SOUTH DIXIE HWY
STE 485
MIAMI, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

1320 SO. DIXIE HWY.
STE. 485
MIAMI, FL 33146 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BROWN, TERENCE L	
Address:	780 NE 69TH STREET, #1702	
City-St-Zip:	MIAMI, FL 33138	
Title:	VD	( ) Delete
Name:	SIGLER, KATHIE	
Address:	5243 NW 94TH PLACE	
City-St-Zip:	MIAMI, FL 33178	
Title:	TD	( ) Delete
Name:	PEDROSO, GLENDA	
Address:	700 BRICKELL AVE. 4TH FL.	
City-St-Zip:	MIAMI, FL 33131	
Title:	SD	( ) Delete
Name:	GARY, LORRAINE	
Address:	5322 NW 22ND AVENUE	
City-St-Zip:	MIAMI, FL 33121	
Title:	MD	( ) Delete
Name:	SICLARI, RICHARD	
Address:	1320 SOUTH DIXIE HWY., STE. 485	
City-St-Zip:	CORAL GABLES, FL 33146 US	
Title:	VD	( ) Delete
Name:	CORBETT, RUSSELL	
Address:	1780 NE 137TH TERR	
City-St-Zip:	NORTH MIAMI, FL 33181	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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 04/22/2002

Electronic Signature of Signing Officer or Director — Date