

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 770747

FILED
Feb 03, 2003
Secretary of State

Entity Name: COMMUNITY AIDS RESOURCE, INC.

Current Principal Place of Business:

1320 SOUTH DIXIE HWY
STE 485
MIAMI, FL 33146 US

Current Mailing Address:

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

New Principal Place of Business:

1320 SOUTH DIXIE HWY
STE 485
CORAL GABLES, FL 33146 US

New Mailing Address:

1320 SO. DIXIE HWY.
STE. 485
CORAL GABLES, FL 33146 US

FEI Number: 59-2564198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: TD (X) Change () Addition
Name: BROWN, TERENCE L
Address: 780 NE 69TH STREET, #1702
City-St-Zip: MIAMI, FL 33138

Title: SD (X) Change () Addition
Name: COHEN, LYNN
Address: 7955 SW 100TH ST
City-St-Zip: MIAMI, FL 33156

Title: PD (X) Change () Addition
Name: PEDROSO, GLENDA
Address: 700 BRICKELL AVE. 4TH FL.
City-St-Zip: MIAMI, FL 33131

Title: VD (X) Change () Addition
Name: GARY, LORRAINE
Address: 5322 NW 22ND AVENUE
City-St-Zip: MIAMI, FL 33121

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

02/03/2003

Electronic Signature of Signing Officer or Director

Date