

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 12, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # H81038**1. Entity Name  
CAA, INC.

Principal Place of Business % CHARLES P. SACHER 2655 LEJEUNE ROAD, SUITE 1101 CORAL GABLES 331345872 FL	Mailing Address % CHARLES P. SACHER 2655 LEJEUNE ROAD, SUITE 1101 CORAL GABLES 331345872 FL
--	--

2. Principal Place of Business 355 CASUARINA CONOURSE	3. Mailing Address 355 CASUARINA CONOURSE
--	--

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State CORAL GABLES FL	City & State CORAL GABLES FL
------------------------------------	------------------------------------

Zip 33143	Country US	Zip 33143	Country US
--------------	---------------	--------------	---------------

4. FEI Number <b>59-2589578</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**SACHER, CHARLES P.  
2655 LEJEUNE ROAD  
SUITE 1101  
CORAL GABLES  
FL**7. Name and Address of New Registered Agent**

Name AZAR CARLOS
Street Address (P.O. Box Number is Not Acceptable) 355 CASUARINA CONOURSE
City CORAL GABLES FL
Zip Code 33143

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 **CARLOS A AZAR****03/12/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AZAR, CARLOS A., M.D. 355 CASUARINA CONOURSE CORAL GABLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR AZAR CARLOS A 355 CASUARINA CONOURSE CORAL GABLES FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: CARLOS A AZAR**

MR

03/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)