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Secretary of State
04-28-2003 91002 005 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012014

30062946

1. Entity Name
CARE NETPASS, L.L.C.

Principal Place of Business	Mailing Address
821 S.W. 176TH AVENUE PEMBROKE PINES, FL 33029	821 S.W. 176TH AVENUE PEMBROKE PINES, FL 33029

2. Principal Place of Business	3. Mailing Address
7805 Coral Way	P.O. Box 1384
Suite, Apt. #, etc. Suite 107	Suite, Apt. #, etc.
City & State Miami, Florida	City & State Miami, Florida
Zip: 33155 Country: USA	Zip: 33144-1384 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1048474 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIAZ, ISABELLE 821 S.W. 176TH AVENUE PEMBROKE PINES, FL 33029	Name: Isabelle Diaz Street Address (P.O. Box Number is Not Acceptable): 7805 Coral Way, Suite 107 City: Miami FL Zip Code: 33155

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Isabelle Diaz
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW! FILING FEE IS $50.00
Make Check Payable to: Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DIAZ, ISABELLE 821 SW 176 AVE PEMBROKE PINES, FL 33029	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LA TORRE, ROSA DE 10261 SW 58 ST MIAMI, FL 33173	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR REGALADO, RICARDO 1712 SW 103 PLACE MIAMI, FL 33165	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E083 (10/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Isabelle Diaz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #