

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90219 026 ****50.00

DOCUMENT # L01000008540

1. Entity Name

COMMUNITY CARE RESOURCES, L.C.

Principal Place of Business

**13200 S.W. 128TH STREET, SUITE F-4
 MIAMI FL 33186**

Mailing Address

**13200 S.W. 128TH STREET, SUITE F-4
 MIAMI FL 33186**

2. Principal Place of Business

13200 S.W. 128TH F-4

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE F-4

Suite, Apt. #, etc.

SAME

City & State

MIAMI, FL

City & State

SAME

Zip

33186

Country

U.S.A.

Zip

SAME

Country

4. FEI Number

05-1118426

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LESLIE ALAN ROZENCWAIG, P.A.
 ONE S.E. THIRD AVENUE, SUITE 960
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **GONZALEZ, ARMANDO E**
 STREET ADDRESS **13200 S.W. 128TH STREET, SUITE F-4**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 *Armando Gonzalez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/02 *1305278924*
 Date Daytime Phone #

CR2E083 (9/01)