FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L82511

1. Entity Name
CARIN OF MIAMI, INC.

00091

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1800 S.W. 73 ct Rd

Suite, Apt. #, etc.

City & State
MIAMI FL

Zip 33155   Country DADE

3. Mailing Address
SAME

Suite, Apt. #, etc.

City & State

Zip   Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0207961

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name RAUL RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)
1800 SW 73 ct Rd

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.

SIGNATURE X _____   PRES.   RAUL RODRIGUEZ   6.18.02.
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	Pres.	TITLE	
NAME	RAUL RODRIGUEZ	NAME	
STREET ADDRESS	1800 SW 73 ct Rd	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	CITY-ST-ZIP	
TITLE	Vice Pres.	TITLE	
NAME	CARMEN RODRIGUEZ	NAME	
STREET ADDRESS	1800 SW 73 ct Rd	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	**DO NOT WRITE**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	**IN THIS SPACE**
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

305

SIGNATURE: _____   5/13-02   759-0854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #