

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006566

1. Entity Name

CARA FOUNDATION, INC.

FILED

May 23, 2002 8:00 am
Secretary of State

05-23-2002 90129 008 ****61.25

Principal Place of Business

20TH ISLAND AVENUE
SUITE 205
MIAMI BEACH FL 33139

Mailing Address

20TH ISLAND AVENUE
SUITE 205
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1046811

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PINTO-TORRES, ADRIANA
20TH ISLAND AVENUE
SUITE 205
MIAMI BEACH FL 33139

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 \$61.25

9. Election Campaign Financing

Trust Fund Contribution: ☐

\$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	PINTO-TORRES, ADRIANA	
STREET ADDRESS	20TH ISLAND AVENUE #205	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERRER, TRACY	
STREET ADDRESS	20TH ISLAND AVENUE #205	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	DARIAN, CAROL	
STREET ADDRESS	UNIVERSITY PARK CAMPOS DR #382	
CITY-ST-ZIP	MIAMI FL 33199	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GISELA NUJER	
STREET ADDRESS	10290 S.W. 137 PLACE	
CITY-ST-ZIP	MIAMI, FL. 33186	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELISABETH SOURCEAU	
STREET ADDRESS	10290 S.W. 137 PLACE	
CITY-ST-ZIP	MIAMI, FL. 33186	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAROLD E. PATRICKOFF	
STREET ADDRESS	8345 S.W. 96 ST	
CITY-ST-ZIP	MIAMI, FL. 33156	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAUDIA BUSCH	
STREET ADDRESS	215 E. END DRIVE	
CITY-ST-ZIP	MIAMI, FL. 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/25/02

Date

Daytime Phone #

CP2E037 (9/01)