FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
04-29-2002 90150 004 ***150.00

DOCUMENT # P01000024470.

1. Entity Name

CARING, INC.

642097

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4200 NW 16th STREET	4200 NW 16th STREET
Suite, Apt. #, etc.: SUITE: 300	Suite, Apt. #, etc.: SUITE: 300
City & State: LAUDERHILL FL	City & State: LAUDERHILL FL
Zip: 33313 Country: US	Zip: 33313 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 31-1778411 ☐ Applied For ☐ Not Applicable

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

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7. **Name and Address of Current Registered Agent**

Name: FAIYAUD MOHAMAD.

Street Address (P.O. Box Number is Not Acceptable)

4200 NW 16th STREET, SUITE: 300

City: LAUDERHILL FL Zip Code: 33313

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: _____ FAIYAUD MOHAMAD (VICE PRESIDENT) 04-12-02.
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	PRESIDENT
NAME	CHRISTINE PERSAUD
STREET ADDRESS	5570 NW 44th STREET #A207
CITY-ST-ZIP	LAUDERHILL FL 33319.
TITLE	VICE PRESIDENT
NAME	FAIYAUD MOHAMAD
STREET ADDRESS	5570 NW 44th STREET #A207
CITY-ST-ZIP	LAUDERHILL FL 33319.

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: _____ FAIYAUD MOHAMAD 04-12-02 954-485-7979.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)