

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90054 037 ***150.00

DOCUMENT # P01000031281
 1. Entity Name
CREARE, INC.

Principal Place of Business Mailing Address
1101 BRICKELL AVENUE #1100 **1101 BRICKELL AVENUE #1100**
MIAMI FL 33131 **MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2385 Executive Center Dr. **2385 Executive Center Dr.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 100 **Suite 100**
 City & State City & State
BOCA RATON, FL **BOCA RATON, FL**

4. FEI Number Applied For
651111428 Not Applicable

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

6. Name and Address of Current Registered Agent
J. DAVID PENA
1101 BRICKELL AVENUE
SUITE 1100
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name **FREDERICK WOODBRIDGE, JR.**
 Street Address (P.O. Box Number is Not Acceptable)
1200 ANASTASIA AVENUE, SUITE 310
 City **CORAL GABLES** FL Zip Code **33134**

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]* **FREDERICK WOODBRIDGE, JR.** DATE **2/14/2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 | D <input type="checkbox"/> Delete |
| NAME | TAMAYO-GOMEZ, NORHA L |
| STREET ADDRESS | 1101 BRICKELL AVENUE #1100 |
| CITY-ST-ZIP | MIAMI FL 33131 |
| TITLE | D <input checked="" type="checkbox"/> Delete |
| NAME | OCHOA, CARLOS A |
| STREET ADDRESS | 101 BRICKELL AVENUE #1100 |
| CITY-ST-ZIP | MIAMI FL 33131 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | D, VP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 2385 EXECUTIVE CENTER DR. STE 100 |
| STREET ADDRESS | DP |
| CITY-ST-ZIP | |
| TITLE | MARTHA ORTIZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2385 EXECUTIVE CENTER DR. STE 100 |
| STREET ADDRESS | BOCA RATON FL 33431 |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **MARTHA ORTIZ, PRESIDENT 2/14/2002** Date **2/14/2002** Daytime Phone # **954-214-1610**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)