

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91445 030 \*\*\*150.00

0290602 AV

**DOCUMENT # P02000016648**

**1. Entity Name**  
**THE CARE GROUP CORP.**



**Principal Place of Business**  
**11134 NW 3RD STREET**  
**MIAMI FL 33172**

**Mailing Address**  
**11134 NW 3RD STREET**  
**MIAMI FL 33172**

**2. Principal Place of Business**  
**8150 SW 8TH STREET**

**3. Mailing Address**  
**8150 SW 8TH STREET**

**Suite, Apt. #, etc.**  
**SUITE 216**

**Suite, Apt. #, etc.**  
**SUITE 216**

**City & State**  
**MIAMI FL**

**City & State**  
**MIAMI FL**

**Zip**  
**33144**

**Zip**  
**33144**

**4. FEI Number**  
**50-0003806**

**Applied For**  
**Not Applicable**

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

☐ CHECK HERE IF MAKING CHANGES

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

**LIBERTY BUSINESS SERVICES, INC.**  
**8204 NW 103RD STREET**  
**HIALEAH GARDENS FL 33016**

**WE WANT SAME AGENT**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** **MINERVA E. CASTILLA** **4/22/03**  
Signature, typed or printed name of registered agent and title of corporation. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PTD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>GUERRA, ARACELIS R</b>	
<b>STREET ADDRESS</b>	<b>8230 SW 18TH STREET</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33155</b>	
<b>TITLE</b>	<b>SD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>CASTILLA, MINERVA E</b>	
<b>STREET ADDRESS</b>	<b>11134 NW 3RD STREET</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33172</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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 607, 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 REQUIRED** **MINERVA E. CASTILLA** **4-22-03** **(305) 261-4341**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)