

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/5/

FILED
May 30, 2003 8:00 am
Secretary of State

05-05-2003 90247 041 ***150.00

DOCUMENT # P02000088140

1. Entity Name
CARE GOODS INCORPORATED



Principal Place of Business
**2100 PONCE DE LEON BLVD STE 600
CORAL GABLES, FL 33131**

Mailing Address
**2100 PONCE DE LEON BLVD STE 600
CORAL GABLES, FL 33131**

55044863

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **56-2286074**

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

**VILLANUEVA, CARLOS J ESQ.
2100 PONCE DE LEON BLVD STE 600
CORAL GABLES, FL 33131**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when registering)

DATE

**FILE NOW!!! FEES \$150.00
ARE: May 1, 2003 Fee, will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP VILLANUEVA, CARLOS J JR 2100 PONCE DE LEON BLVD STE 600 CORAL GABLES, FL 33131	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S VILLANUEVA, CARLOS J 2100 PONCE DE LEON BLVD STE 600 CORAL GABLES, FL 33131	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CARLOS J. VILLANUEVA 4-89-03 305377 0812

CH2E034 (10/02)