07/25/2001 04:49 9542363507

FILED
Aug 09, 2001 8:00 am
Secretary of State
05-14-2001 90275 029 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P00000096212

1. Entity Name
~~GAMBAMBAGE INC.~~ CaRI, Inc.

NYC
FLP
SDK

Principal Place of Business	Mailing Address
~~1680 MERIDIAN AVE 6TH FL~~ ~~MIAMI BEACH FL 33139~~	~~1680 MERIDIAN AVE 4TH FL~~ ~~MIAMI BEACH FL 33139~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15751 Sheridan St.	15751 Sheridan Street
Suite, Apt. #, etc. #307	Suite, Apt. #, etc. #307
City & State Davie FL	City & State Davie, FL
Zip 33331 Country Broward	Zip 33331 Country Broward

4. FEI Number 65-0972098 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUBIN, MARCI A ESQ.
1601 N. HARRISON PARKWAY
SUITE 200 BLDG. A
FORT LAUDERDALE FL 33323

7. Name and Address of New Registered Agent

Name Ileana Garcia
Street Address (P.O. Box Number is Not Acceptable)
848 BRICKELL AVE
SUITE 625
City MIAMI FL 33131

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 Ileana Garcia 8/1/01
Required, 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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $400.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD DE ARMAS, CELESTE ~~3569 CARLYSLE AVENUE~~ ~~SURFSIDE FL 33154~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ de Armas Celeste 5300 Alton Road Miami Beach, FL 33140	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD WATSON, STEPHEN 4441 ALTON ROAD MIAMI BEACH FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD COURTNEY, CLIFF ~~4568 N. MICHIGAN AVENUE~~ MIAMI BEACH FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E084 (1/00)

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: X
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #