

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V43748**

1. Entity Name

CARING ASSOCIATES, INCORPORATED

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90051 015 ***150.00

Principal Place of Business

**15455 W DIXIE HWY
NORTH MIAMI FL 33162
US**

Mailing Address

**2414 CORAL WAY
MIAMI FL 33145-3410
US**

2. Principal Place of Business

3. Mailing Address

15455 W Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

City & State

City & State

North Miami Beach FL

Zip

Country

Zip

Country

33162

USA

4. FEI Number

65-0339466

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RITTENBERG, JAY
15455 W DIXIE HWY
NORTH MIAMI FL 33162**

Name

JEFF RITTENBERG

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

15455 W Dixie Hwy

Suite A

City

North Miami Beach

FL

Zip Code

33162

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

(NOTE: Registered Agent signature required when reinstating)

JAY RITTENBERG

4/13/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	RITTENBERG, JAY	
STREET ADDRESS	469 STONEMONT DRIVE	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RITTENBERG, JEFF	
STREET ADDRESS	6242 CHAMPLAIN TERRACE	
CITY-ST-ZIP	DAVE FL 33331	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARRUTHERS, RUTH	
STREET ADDRESS	7120 MIRA FLORES AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAGUE, MARY J	
STREET ADDRESS	1635 S BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL	
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"/> 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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay Rittenberg

Date

Daytime Phone #

4/13/00

CR2E034 (9/99)