

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90270 024 \*\*\*150.00

**DOCUMENT # V43748**

1. Entity Name  
**CARING ASSOCIATES, INCORPORATED**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**15455 W. DIXIE HWY**

**SUITE A**

**NO. MIAMI BEACH, FL**

**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, JEFF  
 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 **NO 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)

DATE **4/16/01**

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 \$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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>RITTENBERG, JAY</b>	
STREET ADDRESS	<b>469 STONEMONT DRIVE</b>	
CITY-ST-ZIP	<b>WESTON FL 33326</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>RITTENBERG, JEFF</b>	
STREET ADDRESS	<b>6242 CHAMPLAIN TERRACE</b>	
CITY-ST-ZIP	<b>DAVIE FL 33331</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARRUTHERS, RUTH</b>	
STREET ADDRESS	<b>7120 MIRA FLORES AVE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HAGUE, MARY J</b>	
STREET ADDRESS	<b>1635 S BAYSHORE DR</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
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
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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

Date **4/16/01**

Daytime Phone #

CR2E034 (10/00)