

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90062 012 \*\*\*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**  
**SUITE A**  
**NORTH MIAMI FL 33162**  
**US**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**15660 West Dixie Hwy**  
**Suite, Apt. #, etc.**  
**B**

**3. Mailing Address**

**15660 West Dixie Hwy**  
**Suite, Apt. #, etc.**  
**B**

**City & State**

**N. Miami Bch FL**

**City & State**

**N. Miami Bch FL**

**4. FEI Number**

**65-0339466**

**Applied For**

**Not Applicable**

**Zip**

**Country**

**33162**  
**USA**

**Zip**

**Country**

**33162**  
**USA**

**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**  
**SUITE A**  
**NORTH MIAMI FL 33162**

**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.**

**SIGNATURE**

Signature, 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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.**

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**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

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

<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>RITTENBERG, JAY</b>	
<b>STREET ADDRESS</b>	<b>469 STONEMONT DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>WESTON FL 33326</b>	
<b>TITLE</b>	<b>VPD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>RITTENBERG, JEFF</b>	
<b>STREET ADDRESS</b>	<b>6242 CHAMPLAIN TERRACE</b>	
<b>CITY-ST-ZIP</b>	<b>DAVIE FL 33331</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>CARRUTHERS, RUTH</b>	
<b>STREET ADDRESS</b>	<b>7120 MIRA FLORES AVE</b>	
<b>CITY-ST-ZIP</b>	<b>CORAL GABLES FL</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>HAGUE, MARY J</b>	
<b>STREET ADDRESS</b>	<b>1635 S BAYSHORE DR</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL</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"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>10030 S. LAKE USTA Circle</b>
<b>CITY-ST-ZIP</b>	<b>DAVIE FL 33328</b>
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>163 1365 Crossbill Ct.</b>
<b>CITY-ST-ZIP</b>	<b>Weston, FL 33327</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>	

**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**

**Daytime Phone #**

CR2E034 (9/01)