## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000010526

Entity Name: CARING AND SHARING VISION INC.

FILED
Apr 30, 2023
Secretary of State
0350638680CC

## **Current Principal Place of Business:**

714 SW 1ST STREET

FORT LAUDERDALE, FL 33304

## **Current Mailing Address:**

26932 SW 132 CT RD

HOMESTEAD, FL 33032 US

FEI Number: 81-2386368 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ISMA, PELIFESTE 3385 NW 18TH COURT LAUDERHILL, FL 33311 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title VP Title GS

NameELIE, YNOCELNameANDRE, NICOLASAddress10014 BOYNTON PLACE CIRCLE #238Address3952 NW 83RD LANE

City-State-Zip: CORAL SPRINGS FL 33065

City-State-Zip: BOYNTON BEACH FL 33437

Title C

Name JEANTINOR, EDWINE Address 1530 NW 12 TH TERRACE Name JOSEPH, BENJAMIN

Address Address 831 NW 171ST STREET

City-State-Zip: MIAMI FL 33169

City-State-Zip: MIAMI FL 331
City-State-Zip: FORT LAUDERDALE FL 33311

Title PRESIDENT

Title C ... \_ \_ \_ \_ \_ \_ ...

Name PRESENT, WILFRID ESQ.
Name ISMA, CLODANES

Address 26932 SW 132 CT RD

Address 1212 NW 14TH COURT

City-State-Zip: HOMESTEAD FL 33032

City-State-Zip: FORT LUADERDALE FL 33311

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.