

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007245

Entity Name: CENTER FOR ADVANCEMENT RESTORATION AND EMPOWERMENT, INC.**Current Principal Place of Business:**631 NW 183RD ST
MIAMI, FL 33169**Current Mailing Address:**631 NW 183RD ST
MIAMI, FL 33169 US**FEI Number: 65-0895687****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**STEWART, SYDNEY SMR
5401 SW 130TH AVENUE
MIRAMAR, FL 33027 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	TREASURER	Title	P
Name	THOMPSON, MICHELLE MRS	Name	STEWART, S. ROBERT
Address	4930 SW 1603 AVENUE	Address	5401 SW 130 AVENUE
City-State-Zip:	MIRAMAR FL 33027	City-State-Zip:	MIRAMAR FL 33027
Title	SECRETARY	Title	D
Name	HORTON-DOUGLAS, VERNICE MRS	Name	MCNAUGHT, MAIZE
Address	14650 NW 15TH DRIVE	Address	647 NW 183RD ST
City-State-Zip:	MIAMI FL 33167	City-State-Zip:	MIAMI FL 33169
Title	CHAIRMAN		
Name	RHODEN-NEITA, MICHELLE		
Address	4813 NW 9TH AVENUE		
City-State-Zip:	PLANTATION FL 33317		

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.

SIGNATURE: MICHELLE THOMPSON**TREASURER****06/30/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date