

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000001216**

1. Entity Name

AIDS HEALTHCARE FOUNDATION, INC.

Principal Place of Business

**6255 W. SUNSET BLVD. 21ST FLOOR
LOS ANGELES CA 90028**

Mailing Address

**6255 W. SUNSET BLVD. 21ST FLOOR
LOS ANGELES CA 90028**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-4112121

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

**GOLDSTEIN, FREDERIC S
7563 PHILLIPS HWY, SUITE 202A
JACKSONVILLE FL 32256**Name **Eugene M. Bundrock, RN**
Street Address (P.O. Box Number is Not Acceptable)
110 S.E. 6th Street, Suite 1960
City **Ft. Lauderdale** FL Zip Code **33301**

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

*Eugene M. Bundrock***Eugene M. Bundrock, RN****January 10, 2002**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------------|---------------------------------|----------------------|---------------------------------|
| C | MCAHON, BRIAN J | 7320 WOODROW WILSON DR | LOS ANGELES CA 90046 | <input type="checkbox"/> |
| VC | ALBERTSON, WALLACE | 1618 SUNSET PLAZA DR | LOS ANGELES CA 90069 | <input type="checkbox"/> |
| S | SCHULTE, STEVEN | 6255 W SUNSET BLVD #2100 | LOS ANGELES CA 90028 | <input type="checkbox"/> |
| T | DIAZ, AGAPITO | 3995 PROSPECT AVE | LOS ANGELES CA 90027 | <input type="checkbox"/> |
| P | WEINSTEIN, MICHAEL | 6255 W. SUNSET BLVD, 21ST FLOOR | LOS ANGELES CA 90028 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:*Michael Weinstein* **Michael Weinstein, President 01/10/02 (323) 860-5200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)