

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 13 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000002053

1. Entity Name

National AIDS Awareness Foundation Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

777 S. Flagler Drive

Suite, Apt. #, etc.

Suite 909, East Tower

City & State

West Palm Beach, FL

Zip

33401

Country

USA

3. Mailing Address

777 S. Flagler Dr.

Suite, Apt. #, etc.

Suite 909, East Tower

City & State

West Palm Beach, FL

Zip

33401

Country

USA

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4. FEI Number

522229982

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Andrea Ferrari

Street Address (P.O. Box Number is Not Acceptable)

777 S. Flagler Drive

Suite 909, East Tower

City

West Palm Beach

FL

Zip Code

33401

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Andrea Ferrari, Secretary

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

(NOTE: Registered Agent signature required when reinstating)

6/7/2003

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P/O
NAME	David B. Thornburgh, MD
STREET ADDRESS	777 S. Flagler Dr. # 909E
CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	V/D
NAME	Sara Gomez de Ferro
STREET ADDRESS	777 S. Flagler Dr., 909E
CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	S/D
NAME	Andrea Ferrari
STREET ADDRESS	777 S. Flagler Dr., 909E
CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	D
NAME	David Liporace, DO
STREET ADDRESS	777 S. Flagler Dr. # 909E
CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 as an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrea Ferrari, Secretary

Date

6/9/2003

Daytime Phone #

(561)

835-0049

CR2E037B (12/02)