4/4/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2002 8:00 am
Secretary of State
04-04-2002 90017 041 ****70.00

DOCUMENT # N01000002530

1. Entity Name

FLORIDA'S HIV/AIDS MINISTRIES, INC.

Principal Place of Business	Mailing Address
700 S ROYAL POINCIANA BLVD. STE 401 MIAMI FL 33166	700 S ROYAL POINCIANA BLVD. STE 401 MIAMI FL 33166

2. Principal Place of Business	3. Mailing Address
1230 NW 79th Street	1230 NW 79th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33147 / Country: USA	Zip: 33147 / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1098103 — 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
MINCEY, JUANITA 2527 OPA LOCKA BLVD OPA LOCKA FL 33054	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: JUANITA MINCEY — DATE: 3/27/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. 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: D NAME: HARDY, MARILYN L REV. STREET ADDRESS: 245 NW 8TH STREET CITY-ST-ZIP: MIAMI FL 33136	☐ Delete	TITLE: TREASURER-D NAME: OMANE, BISMARK STREET ADDRESS: 19538 NW 50 COURT CITY-ST-ZIP: MIAMI, FL 33055	☐ Change ☒ Addition
TITLE: D NAME: CLARKE, ELNORA STREET ADDRESS: PO BOX 56-2141 CITY-ST-ZIP: MIAMI FL 33256-2141	☒ Delete	TITLE: SECRETARY-D NAME: TALLEY, MARIE STREET ADDRESS: PO BOX 470674 CITY-ST-ZIP: MIAMI, FL 33247-0674	☐ Change ☒ Addition
TITLE: D NAME: JAMES, ROBERT DR. STREET ADDRESS: 700 S ROYAL POINCIANA BLVD, STE 401 CITY-ST-ZIP: MIAMI FL 33166	☒ Delete	TITLE: PRESIDENT-D NAME: BAILEY, WILLIE J. REV. STREET ADDRESS: 7801 NE 4th COURT STE 506 CITY-ST-ZIP: MIAMI, FL 33138	☒ Change ☐ Addition
TITLE: P NAME: BAILEY, WILLIE J REV. STREET ADDRESS: 1930-W. BAY DR. #3 CITY-ST-ZIP: MIAMI BEACH FL 33141	☐ Delete	TITLE: DIRECTOR NAME: HARDY, MARILYN L. REV. STREET ADDRESS: 464 NE 16th STREET CITY-ST-ZIP: MIAMI, FL 33132	☒ Change ☐ Addition
TITLE: V NAME: NELSON, WILLIE J STREET ADDRESS: 3770 NW 197 ST CITY-ST-ZIP: OPA LOCKA FL 33055	☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: S NAME: HARDY, PRICETON STREET ADDRESS: 8050 NW 22 AVENUE CITY-ST-ZIP: MIAMI FL 33054	☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED — 3/27/02 — (305) 693-0820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #