

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90144 037 ****70.00

DOCUMENT # NO1000002530

1. Entity Name

FLORIDA'S HIV/AIDS MINISTRIES, INC.



Principal Place of Business

**1230 NW 79TH STREET
MIAMI FL 33147
US**

Mailing Address

**1230 NW 79TH STREET
MIAMI FL 33147
US**

2. Principal Place of Business

8390 NW 14TH AVENUE

Suite, Apt. #, etc.

3. Mailing Address

8390 NW 14TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33147

Country

U.S.A.

Zip

33147

Country

U.S.A.

4. FEI Number **65-1098103**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MINCEY, JUANITA
2527 OPA LOCKA BLVD
OPA LOCKA FL 33054**

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **D** ☒ Delete
NAME **HARDY, MARILYN L REV.**
STREET ADDRESS **245 NW 8TH STREET**
CITY-ST-ZIP **MIAMI FL 33136**

TITLE **TD** ☐ Delete
NAME **OMANE, BISMARCK**
STREET ADDRESS **19538 NW 50 COURT**
CITY-ST-ZIP **MIAMI FL 33055**

TITLE **SD** ☐ Delete
NAME **TALLEY, MARIE**
STREET ADDRESS **P O BOX 470674**
CITY-ST-ZIP **MIAMI FL 33247-0674**

TITLE **PD** ☐ Delete
NAME **BAILEY, WILLIE J REV.**
STREET ADDRESS **7801 NE 4TH COURT STE 506**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **D** ☐ Delete
NAME **HARDY, MARILYN L REV**
STREET ADDRESS **464 NE 16TH STREET**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **BAILEY, WILLIE J REV.**
STREET ADDRESS **1426 NW 83RD TERRACE**
CITY-ST-ZIP **MIAMI, FL 33147**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)