

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 30, 2001 8:00 am
Secretary of State

04-28-2001 90074 032 ****61.25

DOCUMENT # N21358

1. Entity Name

COMMUNITY ALLIANCE AGAINST AIDS, INC.

Principal Place of Business

Mailing Address

UNIV. OF MIAMI AIDS CLINICAL RESEARCH (R60A)
 1800 N.W. 10TH AVE., SUITE 117, ELLIOT BLDG
 MIAMI FL 33136
 US

UNIV. OF MIAMI AIDS CLINICAL RESEARCH (R60A)
 1800 N.W. 10TH AVE., SUITE 117, ELLIOT BLDG
 MIAMI FL 33136-1018
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2831212

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FINCHER, JANE
 % DLJ 1 BISCAYNE BLVD., STE 3600
 MIAMI FL 33131

Name **JANE FINCHER**
 Street Address (P.O. Box Number is Not Acceptable)
DLJ CSFB
1 BISCAYNE BLVD - SUITE 3600
 City **MIAMI** FL Zip Code **33131**

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

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALE, JUDI 9100 HAMMOCK LAKE DRIVE MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FINCHER, JANE 4121 WOODBRIDGE MIAMI FL 33136	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALE, MICHAEL H 3200 MARY STREET COCONUT GROVE FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rob Norman	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3200 MARY ST. COCONUT GROVE, FLA 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4121 Woodridge Rd MIAMI - FLA 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3200 MARY STREET COCONUT GROVE, FLA 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
190 Edgewater MIAMI, FLA 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature]

4/24/01

4/24/01 305 347 2023

CR2E037 (9/99)