

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32187

1. Entity Name

PEOPLE WITH AIDS COALITION OF DADE COUNTY, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90025 001 ****70.00

Principal Place of Business

Mailing Address

3892 BISCAYNE BLVD
MIAMI FL 33137-3731
US

3892 BISCAYNE BLVD
MIAMI FL 33137-3731
US

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

65-0203093

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

TRUSSELL, DAVID A
3892 BISCAYNE BLVD.
MIAMI FL 33137

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

David A. Trussell

May 1, 2000

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 ~~B~~ ☒ Delete
NAME SHAFOR, STEVE
STREET ADDRESS 3892 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL

TITLE SD ☒ Change ☒ Addition
NAME ANGEL, TERE
STREET ADDRESS 3892 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI, FL 33137

TITLE T ☐ Delete
NAME KAHN, CAROL
STREET ADDRESS 3892 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33137

TITLE D ☒ Change ☒ Addition
NAME FERRER, LUIGI
STREET ADDRESS 3892 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI, FL 33137

TITLE ~~B~~ ☐ Delete
NAME TRUSSELL, DAVID A
STREET ADDRESS 3892 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL 33137

TITLE D ☐ Change ☒ Addition
NAME STEVENS, LEROY
STREET ADDRESS 3892 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI, FL 33137

TITLE D ☐ Delete
NAME HEGSTROM, PATRICKA
STREET ADDRESS 3892 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33137

TITLE D ☐ Change ☒ Addition
NAME BROOKS, HAROLD
STREET ADDRESS 3892 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI, FL 33137

TITLE ~~B~~ ☒ Delete
NAME SUAREZ, GENE
STREET ADDRESS 3892 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33137

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

TITLE ~~B~~ ☒ Delete
NAME AGUILAR, HERBERTH
STREET ADDRESS 3892 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL

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:

David A. Trussell, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)