2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 1. Entity Name N32187 People With AIDS Coalition of . FILED Dade County, Inc. 01 MAR -1 PM 4: 22 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE FLORIDA 3892 Biscayne Blvd. same Miami, FL 33137-3731 2. Principal Place of Business 3. Mailing Address same Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 65-0203093 Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent David A. Trussell Street Address (P.O. Box Number is Not Acceptable) 3892 Biscayne Blvd. Miami, FL 33137-3731 0000038<u>02260</u> 03/06/01 **-**01088 c-010 *****70.00 *****70. City *****70_00 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. (NOTF: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TITLE PD Change TITI F ☐ Delete Tere Angel NAME NAME 3892 Biscayne Blvd. STREET ADDRESS STREET ADDRESS Miami. FL 33137-3731 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change STD David A. Trussell NAME NAME 3892 Biscayne Blvd. STREET ADDRESS STREET ADDRESS Miami, FL 33137-3731 CITY-ST-ZIP CITY-ST-ZIP Change X Addition TITLE TITLE Esther N. Couvertier NAME D 3892 Biscayne Blvd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami, FL 33137-3731 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE D. Calvin Richards D NAME 3892 Biscayne Blvd. STREET ADDRESS STREET ADDRESS Miami, FL 33137-3731 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ▲ Addition □ Delete TITLE NAME D Donald J. Wysocki NAME STREET ADDRESS STREET ADDRESS 3892 Biscayne Blvd. CITY-ST-7IP CITY-ST-ZIP Miami. FL 33137-3731 ्रोगोह 🗸 ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/27/01

305-573-6010