

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90080 031 \*\*\*\*70.00

**DOCUMENT # N32187**

1. Entity Name

**PEOPLE WITH AIDS COALITION OF DADE COUNTY, INC.**

Principal Place of Business

Mailing Address

**3892 BISCAYNE BLVD** **50 NW 21<sup>ST</sup> ST.**  
**MIAMI FL 33137-3731** **MIAMI, FL 33127-4927**  
**US** **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 33137-3731**

**50 NW 21<sup>ST</sup> ST.**  
**MIAMI, FL 33127-4927**

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*

*4/29/02*

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	PD	<input type="checkbox"/> Delete
NAME	ANGEL, TERE	
STREET ADDRESS	3892 BISCAYNE BLVD	(DIRECTOR ONLY)
CITY-ST-ZIP	MIAMI FL 33137-3731	50 NW 21 <sup>ST</sup> ST. MIAMI, FL 33127-4927
TITLE	STD	<input type="checkbox"/> Delete
NAME	TRUSSELL, DAVID A	
STREET ADDRESS	3892 BISCAYNE BLVD	50 NW 21 <sup>ST</sup> ST.
CITY-ST-ZIP	MIAMI FL 33137-3731	MIAMI, FL 33127-4927
TITLE	<del>ESTHER N</del>	<input checked="" type="checkbox"/> Delete
NAME	COUVERTIER, ESTHER N	(DELETION)
STREET ADDRESS	3892 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33137-3731	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDS, D. CALVIN	
STREET ADDRESS	3892 BISCAYNE BLVD	50 NW 21 <sup>ST</sup> ST.
CITY-ST-ZIP	MIAMI FL 33137-3731	MIAMI, FL 33127-4927
TITLE	P D	<input type="checkbox"/> Delete
NAME	WYSOCKI, DONALD J	
STREET ADDRESS	3892 BISCAYNE BLVD	(NEW PRESIDENT)
CITY-ST-ZIP	MIAMI FL 33137-3731	50 NW 21 <sup>ST</sup> ST. MIAMI, FL 33127-4927
TITLE	<del>STEVENS, LEROY</del>	<input checked="" type="checkbox"/> Delete
NAME	STEVENS, LEROY	(DELETION)
STREET ADDRESS	3892 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33137	

TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, MONTE D.	
STREET ADDRESS	50 NW 21 <sup>ST</sup> ST.	(ADDITION)
CITY-ST-ZIP	MIAMI, FL 33127-4927	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**NEW ADDRESS!**

**PWAC**  
**50 N.W. 21st St.**  
**Miami, FL 33127-4927**  
**Tel: (305) 573-6010**  
**Fax: (305) 576-4470**  
**e-mail: pwacdade@aol.com**  
**www.pwacdade.org**

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 OF DAVID A. TRUSSELL*

*4/29/02*

*305-573-6010*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)