## **2002 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # N32187** 1. Entity Name

## PEÒPLE WITH AIDS COALITION OF DADE COUNTY, INC.

Principal Place of Busi	ness	Mailing Address	-> -			
3892-BIGGAYNE-BLVD MIAMI-FE 33137-3731 -U8	50 NW 21 <sup>55</sup> 51. MIAMI,FL 33127-49 MS	38 <del>02 BISCAYNE BLY</del> D 17) <del>MIAMI FL 93137-37</del> 31 US US	50 NW 21 <sup>5]</sup> 5]. MIAMI, £33127.492			
2. Principal Place of Business		3. Mailing Address	,			
Suite, Apt. #, etc.	* **	Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			

## FILED May 22, 2002 8:00 am Secretary of State 05-22-2002 90080 031 \*\*\*\*70.00



Suite. Apt. 6, etc.    Suite. Apt. 6, etc.   Suite. Apt. 6, etc.   Suite. Apt. 6, etc.	.,					18 148\$1 11887 18171 1881 81811 81	.016 B(B)1 41041 B18				
Second Country   Ap	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The Address of New Registered Agent  9. Name and Address of New Registered Agent  9. Name and Address of	City & State		City & State	City & State		4. FEI Number 65-0203093		<del></del>			
TRUSSELL, DAMD A 3802-BISCAMNE BLVD.  AND A 19 51.  The above named antity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the state of Florida.  SIGNATURE  FL Zip Code  City  FL Zip Code  Alignation of Florida.  Alignation of Florida agent at an incitating of the state of Florida.  Alignation of Florida agent agent are signature registered agent, or both, in the state of Florida.  Alignation of Florida agent agent are signature registered agent, or both, in the state of Florida.  Alignation of Florida agent agent are signature registered agent, or both, in the state of Florida.  Alignation of Florida agent agent agent are signature registered agent, or both, in the state of Florida.  Alignation of Florida agent ag	Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Add	ditional			
TRUSSELL DAVID A 3892-BISCANNE BLYD.  MIAMALFL SH37-3731  MI IN IN, FL 33127- 4917  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  MIAM I. JUMAN  SIGNATURE  MIAM II. JUMAN  SIGNATURE  FILE NOW: FEE IS \$61.25  9. Election Campaign-Financing Inter Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  THE NAME SIRETA ADDRESS  MANUAL FL 33-287-8731 HUNG FL 33-127- 45-7  THE NAME CHYST-SP  MIAM IF. 33-897-9731 HUNG FL 33-127- 45-7  MIAM IF. 33-997-9731 HUNG FL 33-127- 45-7  MIAM IF. 33-997-9	6. Name	and Address of Current F	legistered Agent								
### SOUND TO SO NW 21 \$ \$1.  ### SOUND THE BLYD.  ### BLYD.  ### SOUND THE BLYD.  ### BLYD.  ### BLYD.  ### SOUND THE BLYD.  ### BL				Name							
8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the state of Florida.  SIGNATURE	3899 PIRCAYNE RIVE 50 NW 21 2 3			Street Address (P.O. Box Number is Not Acceptable)							
SIGNATURE    Continue	MIAMI-FE 39137-3731 MI AMI, FC 3312/- 472/			City FI Zip Code							
SIGNATURE    Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signa	9. The above named entity	y submits this statement for	the purpose of changing ite r	agistared office or	registered agent or both in						
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME STREET ADDRESS CITY-ST-2P MAMI FL 33437-9731 NJAMI, FL 33127- 4727 TITLE NAME STREET ADDRESS CITY-ST-2P MAMI FL 33437-9731 TITLE NAME STREET ADDRESS CITY-ST-2P MAMI FL 33137-3731 TITLE STREET ADDRESS CITY-ST-2P MAM	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.										
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FILE NOW: FEE IS \$61.25    Section Analysis France   Section Analysis		or printed name of registered agent at	nd title if applicable. (NOTE:	Registered Agent signatur	re required when reinstating)	DATE					
FILE NOW: FEE IS \$61.25    Section Analysis France   Section Analysis	3 <b>9</b>										
Trust Fund Contribution.  Added to Fees   Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE   ANGEL, TERE   Delete   TITLE   SO NW 21 25 4. STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   CITY-ST-2P    TITLE   TRUSSELL, DAVID A   SO NW 21 25 4. STREET ADDRESS   CITY-ST-2P    TITLE   COUVERTIBRE STHER N   3892 BISCAYNE BLVD   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-2P    NAME   STREET ADDRESS   CITY-ST-2P   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-2P    NAME   STREET ADDRESS   CITY-ST-2P   CITY-ST-2P   CITY-ST-2P   CITY-ST-2P    NAME   STREET ADDRESS   CITY-ST-2P   CI			9 Flection Came	naign Einancing	<b>65.00</b>	Make Char	sk Davabia				
10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  MAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 32437-9731 MIAMI, FL 32127 - 4527  TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33137-3731  TITLE NAME STREET ADDRESS STREET ADR	FILE NOW	: FEE IS \$61.25									
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TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   MIAMI FL 33:137-3731   Change   Addition   Change   Change   Addition   Change   C	STREET ADDRESS 3800 PISCAYNE RIVE (DIRECTOR ONLY)			STREET ADDRESS 50 NW 215 3T. (ADDITION)							
TRUE STD	CITY-ST-ZIP MIAM EL 33492-3741				WIAMI EL 33121 - 4927						
TRUSSELL, DAVID A STREET ADDRESS CITY-ST-ZIP MIAMI FL 33:197-0731  TITLE  STREET ADDRESS CITY-ST-ZIP MIAMI FL 33:197-3731  TITLE  D  Delete TITLE NAME RICHARDS, D. CALVIN STREET ADDRESS CITY-ST-ZIP MIAMI FL 33:137-3731  TITLE  D  Delete TITLE NAME RICHARDS, D. CALVIN STREET ADDRESS CITY-ST-ZIP MIAMI FL 33:137-3731  TITLE  WYSOCKI, DONALD J STREET ADDRESS CITY-ST-ZIP MIAMI FL 33:137-3731  TITLE  D  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  MIAMI FL 33:137-3731  TITLE  STREET ADDRESS CITY-ST-ZIP MIAMI FL 33:137-3731  TITLE  STREET ADDRESS CITY-ST-ZIP MIAMI FL 33:137-3731  TITLE  STREET ADDRESS CITY-ST-ZIP MIAMI FL 33:137-3731  TITLE  STREET ADDRESS CITY-ST-ZIP MIAMI FL 33:137-3731  CREET ADDRESS CITY-ST-ZIP MIMAI FL 33:137-4427  CREET ADDRESS CITY-ST-ZIP MIMAI FL 33:137-3731  CREET ADDRESS CITY-ST-ZIP MIMAI FL 33:137-3731  CREET ADDRESS CITY-ST-ZIP MIAMI FL 33:137-3731  CREET ADDRESS CITY-ST-ZIP MIAMI FL 33:137-4427  CREET ADDRESS CITY-ST-ZIP MIAMI FL 33:137-3731  CREET ADDRESS CITY-ST-ZIP MIAMI FL 33:137-4427  CREET AD		Series ester Historia	·	TITLE	Perper, to solv	1 117 /	☐ Change	- Addition			
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SIRET ADDRESS CITY-ST-ZIP  MIAMI FL 33137-3731  HIAMI, FL. '33127-4927  TITLE P NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33137-3731  HIAMI, FL. '33127-4927  Delete TITLE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33137-3731  HIAMI, FL. '33127-4927  Change Addition  NAME STEVENS, LEROY STREET ADDRESS CITY-ST-ZIP MIMAI FL 33137  TITLE NAME STEVENS, LEROY STREET ADDRESS CITY-ST-ZIP MIMAI FL 33137  CHANGE STREET ADDRESS CITY-ST-ZIP MIMAI FL 33137	1-	D CALVIN -					Change	Addition			
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TITLE   D   Delete   TITLE   WWW.pwacdade.org   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   MIAMI FL 33167-6731   MIAMI FL 33137   (NEW PRESIDENT)   STREET ADDRESS   CITY-ST-ZIP   MIAMI FL 33137   (NEW PRESIDENT)   CITY-ST-ZIP   TITLE   STEVENS, LEROY   STREET ADDRESS   CITY-ST-ZIP   MIAMI FL 33137   (NEW PRESIDENT)   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   NAME   STREET ADDRESS   CITY-ST-ZIP   MIMAI FL 33137   CITY-ST-ZIP   CITY-ST-ZIP      Change   Addition   Addition		LA IR NA I	, FL. 33127 - 496/		Fax: (305)	5/6-44/0	- 1				
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CITY-ST-ZIP MIAMI FL 33107-6731							•				
TITLE  NAME  STEVENS, LERCY  STREET ADDRESS  CITY-ST-ZIP  MIMAI FL 33137  Delete  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  MIMAI FL 33137  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	ITY-ST-ZIP MIAMI FI 32103-0731 GO NW 215151.						}				
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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:** 

SMANTHARTSELE OLDANIDDA. TRUSSELL

4/29/02 305-573-6010