

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

06-27-2001 90289 034 ****61.25

DOCUMENT # N92000000180

1. Entity Name

THE SOUTH BEACH AIDS PROJECT, INC.

Principal Place of Business

306 LINCOLN ROAD
 MIAMI BEACH FL 33139
 US

Mailing Address

306 LINCOLN ROAD
 MIAMI BEACH FL 33139
 US

76952



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

65-0369350

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

HART, RAYMOND R.
 306 LINCOLN ROAD
 MIAMI BEACH FL 33139

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 Raymond R. Hart

June 21, 2001

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 ☒ Delete
 NAME TD
 STREET ADDRESS DEMAY, ANTHONY
 CITY-ST-ZIP 8925 COLLINS AVENUE #90
 SURFSIDE FL 33154

TITLE ☐ Change ☒ Addition
 NAME Board of Director
 STREET ADDRESS Robert Silvagni
 CITY-ST-ZIP 9532 Abbott Ave, Surfside, FL 33154

TITLE ☐ Delete
 NAME DCC
 STREET ADDRESS FALLON, STEPHEN PHD
 CITY-ST-ZIP 1712 NORTH VICTORIA PARK ROAD
 FT LAUDERDALE FL 33305

TITLE ☐ Change ☒ Addition
 NAME Board of Director
 STREET ADDRESS Rick Quackenbush
 CITY-ST-ZIP 300 S. Pointe Dr., #2805
 Miami Beach, FL 33139

TITLE ☒ Delete
 NAME DCB
 STREET ADDRESS GALANTE, ROBERT
 CITY-ST-ZIP 780 NE 69TH STREET, TOWER 8
 MIAMI BEACH FL 33138

TITLE ☐ Change ☒ Addition
 NAME Treasurer
 STREET ADDRESS Carlos A. Hazday
 CITY-ST-ZIP 2326 SW 26 Terr., Miami, FL 33145

TITLE ☐ Delete
 NAME DC
 STREET ADDRESS HART, RAYMOND
 CITY-ST-ZIP 1717 NORTH BAYSHORE DRIVE, #2532
 MIAMI FL 33132

TITLE ☐ Change ☒ Addition
 NAME Board of Director
 STREET ADDRESS Georgia Foster
 CITY-ST-ZIP 7810 NW 5 Place, Plantation, FL 33327

TITLE ☒ Delete
 NAME D
 STREET ADDRESS HOFFER, SONNY
 CITY-ST-ZIP 5151 COLLINS AVENUE #520
 MIAMI BEACH FL 33140

TITLE ☐ Change ☒ Addition
 NAME Board of Director
 STREET ADDRESS Luigi Ferrer
 CITY-ST-ZIP 6700 SW 52 St., Miami, FL 33155

TITLE ☐ Delete
 NAME DS
 STREET ADDRESS MILLNER, TOM
 CITY-ST-ZIP 2212 NE 17TH COURT
 FT LAUDERDALE FL 33305

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2037 (10/00)