

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 30, 2002 8:00 am**  
**Secretary of State**

07-30-2002 90382 019 \*\*\*\*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

2. Principal Place of Business

3. Mailing Address

1521 Alton Rd #403

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#403

City & State

City & State

Miami Beach, FL

Zip

Country

Zip

Country

33139

USA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Raymond R Hart*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-23-02

After September 13, 2002,  
 min. will be \$236.25.

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 NAME STREET ADDRESS CITY-ST-ZIP	BOD SILVANGNI, ROBERT 9532 ABBOTT AVENUE SURFSIDE FL 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCC FALLON, STEPHEN PHD 1712 NORTH VICTORIA PARK ROAD FT. LAUDERDALE FL 33305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD QUACKENBUSH, RICK 300 S POINTE DRIVE, #2805 MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HART, RAYMOND 1717 NORTH BAYSHORE DRIVE, #2532 MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAZDAY, CARLOS A 2326 SW 26TH TERRACE MIAMI FL 33145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MILLNER, TOM 2212 NE 17TH COURT FT LAUDERDALE FL 33305	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD Luisi Ferraer 6700 S.W. 52nd St. Miami, FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD Georgia Foster 7610 N.W. 5th Place Plantation, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Treasurer</del> Rick Quackenbush 300 S. Pointe Drive #2805 Miami Beach, FL 33139	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (4/02)

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:

*Raymond R Hart*

7-23-02 305-532-1033