2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9200000180

1. Entity Name

THE SOUTH I	BEACH AIDS PROJ	ECT, INC.					
Principal Place of Bus	siness	Mailing Address					
306: LINCOÉN: ROAD MIAMI: BEACH: FL 33139 US		306 LINCOLN ROAD MIAMI BEACH FL 33139 US					
2. Principal Place of Business		3. Mailing Address 1521 Alton RJ 133					
Suite, Apt. #, etc.		Spite, Apt. #, etc. # 403					
City & State		MiAm. Beach, Fl					
Zin	Country	7:-					

FILED
Jul 30, 2002 8:00 am
Secretary of State
07-30-2002 90382 019 ****61.25

5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered digent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 8. The statement of State is a statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 8. The statement of State is a statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 8. The statement of State is a statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 8. The statement of State is a statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 8. The statement of State of Florida is a statement for the pur	City & State Country 35 35 4	1 00		us						
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I hereby certify that the information complied with this file	Li 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	ITY-ST-ZiP								
indicated as the control of the cont	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 under oath; that I am an officer or director	2. I hereby c	ortify that the information or malical with the	is filing does not qualify for	r the exemption	stated in Sect	ion 119 07/21/i\ Fla-	ida Statutas 14		-

SIGNATURE: