# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUN 23 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N93000003976 (8)

1. Corporation Name
UNITED FOUNDATION FOR AIDS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 600 ALTON RD<br>ROOM 1004<br>MIAMI BEACH FL 33139<br>US | 600 ALTON RD<br>ROOM 1004<br>MIAMI BEACH FL 33139<br>US |

3. Date Incorporated or Qualified: 08/30/1993
3a. Date of Last Report: 03/24/1994
4. FEI Number: 65-0437363 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

KAPLAN, MARLENE
240 CRANDON BLVD
SUITE 114
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Al Evans Pres. VFA 6/16/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 1.1 TITLE | President ☒ Change ☐ Addition |
| NAME | KENZER, PAULA | 1.2 NAME | Al Evans |
| STREET ADDRESS | 1168 NE 101 ST. | 1.3 STREET ADDRESS | 4925 Collins Avenue Apt. 7A |
| CITY-ST-ZIP | MIAMI SHORES FL | 1.4 CITY-ST-ZIP | Miami Beach, FL 33140 |
| TITLE | DV | 2.1 TITLE | Vice President ☐ Change ☐ Addition |
| NAME | MARCUS, ALAN D | 2.2 NAME | Marc Cohen |
| STREET ADDRESS | 295 NE 94TH ST | 2.3 STREET ADDRESS | 3611 Collins Avenue #203 |
| CITY-ST-ZIP | MIAMI SHORES FL 33138 | 2.4 CITY-ST-ZIP | Miami Beach, FL 33139 |
| TITLE | S | 3.1 TITLE | Secretary ☐ Change ☐ Addition |
| NAME | ZUBKOFF, BARBARA | 3.2 NAME | Richard Brown |
| STREET ADDRESS | 600 ALTON RD SUITE 401 | 3.3 STREET ADDRESS | 1700 Convention Center Drive |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | 3.4 CITY-ST-ZIP | Miami Beach, FL 33139 |
| TITLE | T | 4.1 TITLE | Treasurer ☐ Change ☐ Addition |
| NAME | PYLE, LAWRENCE | 4.2 NAME | Jeff Kakley |
| STREET ADDRESS | 295 NE 94TH ST | 4.3 STREET ADDRESS | 9 Island Avenue #2011 |
| CITY-ST-ZIP | MIAMI SHORES FL 33138 | 4.4 CITY-ST-ZIP | Miami Beach, FL 33139 |
| TITLE | D | 5.1 TITLE | Director ☐ Change ☐ Addition |
| NAME | SHAW, MARTIN | 5.2 NAME | Barbara Zubkoff |
| STREET ADDRESS | 150 SE 25TH RD APT 10K | 5.3 STREET ADDRESS | 600 Alton Road Suite 401 |
| CITY-ST-ZIP | MIAMI FL 33129 | 5.4 CITY-ST-ZIP | Miami Beach, FL 33139 |
| TITLE | D | 6.1 TITLE | Director ☐ Change ☐ Addition |
| NAME | EVANS, AL | 6.2 NAME | Nancy Abbott |
| STREET ADDRESS | 4925 COLLINS AVE APT 7A | 6.3 STREET ADDRESS | 8855 Collins Avenue |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 | 6.4 CITY-ST-ZIP | Surfside, FL 33154 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Al Evans Pres. VFA 6/16/95
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR Date Daytime Phone #

6/23

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