

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N93000003976 (8)**

1. Corporation Name

**UNITED FOUNDATION FOR AIDS, INC.**

**FILED**  
**Apr 17, 1996 08:00 AM**  
**Secretary of State**



Principal Place of Business

Mailing Address

600 ALTON RD  
ROOM 1004  
MIAMI BEACH FL 33139  
US

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ROOM 1004  
MIAMI BEACH FL 33139  
US

3. Date Incorporated or Qualified  
**08/30/1993**

3a. Date of Last Report  
**06/23/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS EVANS, AL  
CITY-ST-ZIP 4925 COLLINS AVE APT 7A  
MIAMI BEACH FL

TITLE ☐ DELETE  
NAME VP  
STREET ADDRESS COHEN, MARC  
CITY-ST-ZIP 3611 COLLINS AVE #203  
MIAMI BEACH FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS ABBOTT, NANCY  
CITY-ST-ZIP 8855 COLLINS AVE  
MIAMI BEACH FL

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS BROWN, RICHARD  
CITY-ST-ZIP 1700 CONVENTION CENTER DRIVE  
MIAMI BEACH FL

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS KAKLEY, JEFF  
CITY-ST-ZIP 9 ISLAND AVE #2011  
MIAMI BEACH FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS ZUBKOFF, BARBARA  
CITY-ST-ZIP 600 ALTON ROAD SUITE 401  
MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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 677, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/10/96 305-531-1711*  
Date Daytime Phone #

CR2E037 (12/95)