

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003976

1. Entity Name

UNITED FOUNDATION FOR AIDS, INC.

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90026 046 \*\*\*\*61.25

Principal Place of Business

Mailing Address

600 ALTON RD  
~~ROOM 1001~~ Suite 903  
MIAMI BEACH FL 33139  
US

600 ALTON RD  
~~ROOM 1001~~ Suite 903  
MIAMI BEACH FL 33139  
US

642704



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

4th Floor 903

Suite, Apt. #, etc.

4th Floor 903

City & State

Same

City & State

Same

4. FEI Number

65-0437363

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

ZUBKOFF, WILLIAM  
600 ALTON RD  
SUITE 401 903  
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

*William Zubkoff*

William Zubkoff 03.26.01

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 ~~PD PRES.~~  
NAME COHEN, MARC  
STREET ADDRESS 800 WEST AVE., #720  
CITY-ST-ZIP MIAMI BEACH FL 33139

☐ Delete

TITLE ~~VP~~  
NAME ALLER, MICHAEL  
STREET ADDRESS 1700 CONVENTION CENTER DRIVE  
CITY-ST-ZIP MIAMI BEACH FL

☐ Delete

TITLE ~~SAC~~  
NAME BROWN, RICHARD  
STREET ADDRESS 1700 CONVENTION CENTER DRIVE  
CITY-ST-ZIP MIAMI BEACH FL

☐ Delete

TITLE ~~VP~~  
NAME GALBUT, JOYCE  
STREET ADDRESS 600 ALTON ROAD  
CITY-ST-ZIP MIAMI BEACH FL

☐ Delete

TITLE ~~TD Treas.~~  
NAME ZUBKOFF, BARBARA  
STREET ADDRESS 600 ALTON ROAD SUITE 401  
CITY-ST-ZIP MIAMI BEACH FL

☐ Delete

TITLE ~~VP~~  
NAME TURNER, ARI LYNN  
STREET ADDRESS 90 NE 96th ST  
CITY-ST-ZIP MIAMI SHORES, FL 33138

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*William Zubkoff*

William Zubkoff 03.26.01 305.531.1711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)