


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

1/2

DOCUMENT # N93000003976		
1. Entity Name UNITED FOUNDATION FOR AIDS, INC.		

FILED
06 MAR 10 AM 7:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 12570 NE 7TH AVE SUITE 104 NORTH MIAMI, FL 33161 US	Mailing Address 12570 NE 7TH AVE SUITE 104 NORTH MIAMI, FL 33161 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 528 NE 78th St Suite, Apt. #, etc. Apt 2
City & State	City & State Miami, FL
Zip	Zip 33138
Country	Country

03082006 REIN-NP CR2E099 (11/05)	
4. FEI Number 65-0437363	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRAND, CRAIG ESQ 5201 BLUE LAGOON DRIVE SUITE 720 MIAMI, FL 33126	
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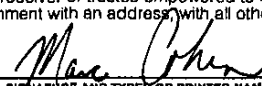
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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REINSTATEMENT 03-04

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.	
SIGNATURE	DATE

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, MARC 800 WEST AVENUE MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600067583736 03/10/06--01009--001 <input type="checkbox"/> Change <input type="checkbox"/> Addition **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, ARI 90 NE 96TH STREET MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STUDDS, NICK 4403 PINETREE DR MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600067583736 03/10/06--01009--001 <input type="checkbox"/> Change <input type="checkbox"/> Addition **190.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEFTON, MARCY 5660 COLLINS AVENUE MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEINSTEIN, PHILIP 7520 NW 79TH AVE #1 TAMARAC, FL 33321 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3/14

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	03-08-06 786-295-9772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #



United Foundation for AIDS

March 8, 2006

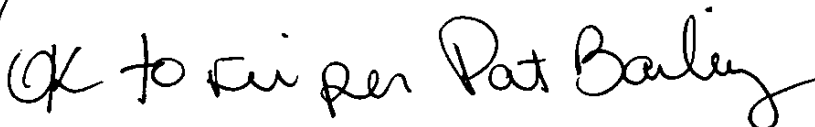
To Whom It May Concern:

United Foundation for AIDS apologizes for the late submission of its 2005 UBR. The submission and payment process was delayed by the illness of our President, Marc Cohen, while he was out of the country.

If you have any additional questions, please call me.

Sincerely,


Alphene Rhone
Office Manager



12570 NE 7th Ave, Suite 104
N Miami, FL 33161
305.981.7907