

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003862

1. Entity Name

ACTION FOR AIDS, INC.

FILED

Mar 22, 2000 8:00 am  
Secretary of State

03-22-2000 90022 004 \*\*\*\*61.25

Principal Place of Business

19595 N E 10TH AVENUE  
STE D  
MIAMI FL 33179  
US

Mailing Address

19595 N E 10TH AVENUE  
STE D  
MIAMI FL 33179-3580  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0372976

Applied For  
Not Applicable

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

WEISSNER, JEROME  
19595 D N E 10TH AVENUE  
MIAMI FL 33179

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

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 ☐ Delete  
NAME WEISSNER, JEROME  
STREET ADDRESS 19595 NE 10 AVE STE D  
CITY-ST-ZIP MIAMI FL 33179-3580

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME SEIDLER, SARA  
STREET ADDRESS 1150 NE 102ND STREET  
CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AD ☐ Delete  
NAME KEFFER, STEFFI WALLACE  
STREET ADDRESS 1327 ADAMS STREET  
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WEISSNER, MITCHELL  
STREET ADDRESS 750 NE 61ST STREET, #102  
CITY-ST-ZIP MIAMI FL 33137-2335

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Signature and typed or printed name of signing officer or director.

3/16/00

305-999-9455