

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 26, 2001 08:00 AM****Secretary of State****DOCUMENT # N94000003862**1. Entity Name
ACTION FOR AIDS, INC.

Principal Place of Business	Mailing Address
19595 N E 10TH AVENUE	19595 N E 10TH AVENUE
STE D	STE D
MIAMI FL	MIAMI FL
33179 US	33179580 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0372976Applied 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****WEISSNER JEROME**
19595 D N E 10TH AVENUE**MIAMI FL**
33179 US

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 **06/26/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:
FEE IS \$61.259. 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	D	<input type="checkbox"/> Delete
NAME	WEISSNER MITCHELL	
STREET ADDRESS	750 NE 61ST STREET, #102	
CITY-ST-ZIP	MIAMI FL 331372335	
TITLE	AD	<input type="checkbox"/> Delete
NAME	KEFFER STEFFI WALLACE	
STREET ADDRESS	1327 ADAMS STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SEIDLER SARA	
STREET ADDRESS	1150 NE 102ND STREET	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WEISSNER JEROME	
STREET ADDRESS	19595 NE 10 AVE STE D	
CITY-ST-ZIP	MIAMI FL 331793580	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:**Mitchell Weissner****D****06/26/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)