

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006229

1. Entity Name

CENTER FOR AIDS EDUCATION AND SENIOR EMPOWERMENT

Principal Place of Business

1830 N.W. 7TH ST
PENTHOUSE SUITE 2000
MIAMI FL 33125

Mailing Address

1830 N.W. 7TH ST
PENTHOUSE SUITE 2000
MIAMI FL 33125-3569

2. Principal Place of Business

1830 NW 7th

3. Mailing Address

1830 NW 7th.

Suite, Apt. #, etc.

2000.

Suite, Apt. #, etc.

2000

City & State

Miami FL

City & State

Miami FL

Zip

33125

Country

DADE.

Zip

33125

Country

DADE.

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMIREZ, MARTA
1830 N.W. 7TH ST
PENTHOUSE SUITE 2000
MIAMI FL 33125

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete
NAME RAMIREZ, MARTA
STREET ADDRESS 1830 N.W. 7TH ST., PENTHOUSE STE 2000
CITY-ST-ZIP MIAMI FL 33125

TITLE VD ☐ Delete
NAME DELGADO, VICENTE SW
STREET ADDRESS 1830 N.W. 7TH ST., PENTHOUSE STE 2000
CITY-ST-ZIP MIAMI FL 33125

TITLE T ☐ Delete
NAME LOPEZ, GEHIDY Lither. ROT.
STREET ADDRESS 1830 N.W. 7TH ST., PENTHOUSE STE 2000
CITY-ST-ZIP MIAMI FL 33125

TITLE T ☐ Delete
NAME AVENDANO, RODRIGO A DR MD.
STREET ADDRESS 1830 N.W. 7TH ST., PENTHOUSE STE 2000
CITY-ST-ZIP MIAMI FL 33125

TITLE T ☐ Delete
NAME Carmen Diaz. PhD.
STREET ADDRESS 1830 NW 7th Ste 2000.
CITY-ST-ZIP Miami FL 33125.

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90066 002 ****61.25



DO NOT WRITE IN THIS SPACE

65-0891665

CR2E037 (9/99)

4-30-00 6493490