

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004320

1. Entity Name

SOBE AIDS FOUNDATION, INC.

*R*

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90055 043 \*\*\*\*74.90

Principal Place of Business

Mailing Address

2300 SW 20TH STREET  
 MIAMI FL 33145

2300 SW 20TH STREET  
 MIAMI FL 33145

P.O. Box 398927  
 Miami Beach, FL 33239

P.O. Box 398927  
 Miami Beach, FL 33239

2. Principal Place of Business

3. Mailing Address

P.O. Box 398927  
 Suite, Apt. #, etc.

P.O. Box 398927  
 Suite, Apt. #, etc.

00100100



DO NOT WRITE IN THIS SPACE

City & State  
 Miami Beach, FL

City & State  
 Miami Beach, FL

4. FEI Number  
 65 097 8583

Applied For  
 Not Applicable

Zip  
 33239

Country  
 USA

Zip  
 33239

Country  
 USA

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

KROPF, JOEL  
 2300 SW 20TH STREET  
 MIAMI FL 33145

Name  
 Kropf, JOEL

Street Address P.O. Box Number is Not Acceptable  
 110 3rd Dilido Terr

City  
 Miami Beach, FL Zip Code  
 33139

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

After September 13, 2000 min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD KROPF, JOEL J 2300 SW 20TH STREET MIAMI FL 33145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ORTIZ, RAFAEL A 2300 SW 20TH STREET MIAMI FL 33145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ACOLATSE, BENEDICTA 744 LENOX AVE. SUITE 5 MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 110 3rd Dilido Terr. Miami Beach, Florida 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 110 3rd Dilido Terr Miami Beach, Florida 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 921 Meridian Ave. Miami Beach, Florida 33139
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9. 1. 00  
 305 790-2121

Date

Daytime Phone #

CR2E037 (5/00)