

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N99000004320

1. Entity Name
SOBE AIDS FOUNDATION, INC.



Principal Place of Business 2300 SW 20TH STREET MIAMI FL 33145 P.O. Box 398927 Miami Beach, FL 33239	Mailing Address 2300 SW 20TH STREET MIAMI FL 33145 P.O. Box 398927 Miami Beach, FL 33239
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P.O. Box 398927 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 398927 Suite, Apt. #, etc.
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City & State Miami Beach, FL	City & State Miami Beach, FL	4. FEI Number 65 097 8583	Applied For <input type="checkbox"/> Not Applicable
Zip 33239	Country USA	Zip 33239	Country USA

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KROPF, JOEL
2300 SW 20TH STREET
MIAMI FL 33145

7. Name and Address of New Registered Agent

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 _____ (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

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	VPSD 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 or other like empowered.

SIGNATURE: **W. NATHAN** **DATE REQUIRED** **9.1.00** **303 790.2121**

CR2E037 (5/00)