

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 22, 2005 8:00 am
Secretary of State

06-22-2005 90078 009 ****61.25

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1. Entity Name
THE HARVEY ADES FAMILY FOUNDATION, INC.



Principal Place of Business

6750 SW 141ST ST.
MIAMI, FL 33158

Mailing Address

6750 SW 141ST ST.
MIAMI, FL 33158



01052005 No Chg-NP

CR2E037 (10/03)

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4. FEI Number
65-1115073

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADES, HARVEY
6750 SW 141ST ST.
MIAMI, FL 33158

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ADES, HARVEY
STREET ADDRESS 6750 SW 141ST ST.
CITY-ST-ZIP MIAMI, FL 33158

TITLE D
NAME ADES, REBECCA
STREET ADDRESS 6750 SW 141ST ST.
CITY-ST-ZIP MIAMI, FL 33158

TITLE D
NAME ADES, AMY
STREET ADDRESS 38 RAMBLING BROOK RD.
CITY-ST-ZIP CHAPPAQUA, NY 10514

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #