

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90247 031 ****61.25

DOCUMENT # N01000004136

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**



2. Principal Place of Business

7438 SW 189 TER.
Suite, Apt. #, etc.

3. Mailing Address

7438 SW 189 TER.
Suite, Apt. #, etc.

03012006 Chg-NP CR2E037 (11/05)

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number
65-1115073

Applied For
Not Applicable

Zip
33157

Country

Zip

33157

Country

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**

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. 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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7438 SW 189 TER.**
CITY-ST-ZIP **MIAMI FL 33157**

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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 exemptions contained in Chapter 119, 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:

HARVEY ADES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/06
Date

305-778-4381
Daytime Phone #