1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **N9400005092**

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name

SILVERMAN FAMILY FOUNDATION, INC.

Principal Place of Business 2800 PONCE DE LEON BLVD

SUITE 1125 CORAL GABLES FL 33134

2. Principal Place of Business

Suite, Apt, #, etc.

City & State

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Zip

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

2800 PONCE DE LEON BLVD **SUITE 1125** CORAL GABLES FL 33134

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May 06, 1999 8:00 am \$ Secretary of State

05-06-1999 90058 009 ****61.25

 \Box

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

10/14/1994

65-0526279

FEI Number

				name				
BREIER, ROBERT G ESO 2800 PONCE DE LEON BOULEVARD SUITE 1125			82	Street Address (P.O. Box Number is Not Acceptable)				
			83					
CORAL GABLES FL 33134						·		
COTIAL SADLES PL 33 (34			84	City	FL 85 Zip Coo			de
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12,	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRE	CTOR	3 IN 12
TITLE	DPC	DELETE	1.1 TITLE		•	☐ Cha	nge	☐ Addition
NAME	SILVERMAN, BARRY J		1.2 NAME					
STREET ADORESS	2800 PONCE DE LEON BLVD., #1125		1.3 STREET	ADDRESS				1
CITY-ST-ZIP	CORAL GABLES FL 33134 1.4c		1.4 CITY-S]	-ZIP				
MTE.	OS	☐ DELETE	2.1 TITLE			Cha	nge	Addition
NAME	SILVERMAN, JUDY 2:		2.2 NAME					
STREET ADDRESS	2800 PONCE DE LEON BLVD., #1125		2.3 STREET	ADDRESS	~		- ~	-
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-S	T-ZIP				
TITLE	DT	DELETE	3.1 TITLE	,		Cha	nge	☐ Addition
NAME	SILVERMAN BIANCO, RONNI		3.2 NAME					-
STREET ADDRESS	2800 PONCE DE LEON BLVD., #1125		3.3 STREET	ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33134		3.4. CITY-S	T-ZIP				
TITLE	DV	☐ DELETE	4.1 TITLE	ĺ		☐ Cha	nge	Addition
NAME	SILVERMAN, LAURIE K		4.2 NAME]
STREET ADDRESS	2800 PONCE DE LEON BLVD., #1125		4.3 STREET	ADORESS				Ì
C/TY-ST-ZIP	CORAL GABLES FL 33134		4.4 CITY-ST	-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Cha	nge	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				1
CITY-ST-ZIP			5.4 CITY-\$1	-ZIP	<u></u>			
TITLE		DELETE	6.1 TITLE			Cha	nge	Addition
NAME			6.2 NAME					ĺ
STREET ADDRESS		1	6.3 STREET	ADORESS				1
CITY-ST-ZIP			6.4 CITY-ST					
14. 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								

Country

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indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

EMARRY SILVERUAN, 4/27/99

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable