

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

FILED
Jul 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000002908

1. Entity Name
JOSEPH R. NAROT ENDOWMENT FUND, INC.



Principal Place of Business

**137 NE 19TH ST
MIAMI, FL 33132**

Mailing Address

**137 NE 19TH ST
MIAMI, FL 33132**



07012005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0565251

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BERMONT, PETER L
1 S.E. THIRD AVENUE
SUITE 2950
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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 September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TATE, STANLEY
STREET ADDRESS	1175 N.E. 125 STREET #102
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	D
NAME	BERMONT, PETER L
STREET ADDRESS	1 S.E. THIRD AVE. #2950
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	OROVITZ, MICHAEL D
STREET ADDRESS	1311 98TH ST
CITY-ST-ZIP	BAY HARBOUR ISLANDS, FL 33154
TITLE	D
NAME	JACOBS, JANE
STREET ADDRESS	21210 HIGHLAND LAKES BLVD.
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

U000000373853
07/21/05-80001-015 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #