

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000005077

1. Entity Name
PERLMAN FAMILY SUPPORTING FOUNDATION, INC.



Principal Place of Business
**4200 BISCAYNE BLVD
MIAMI, FL 33137**

Mailing Address
**4200 BISCAYNE BLVD
MIAMI, FL 33137**



07072006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0946000

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LANDE, STEPHEN C
4200 BISCAYNE BLVD
MIAMI, FL 33137**

**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 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLOMON, JACOB 4200 BISCAYNE BLVD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EISENBERG, HERBERT 4200 BISCAYNE BLVD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUTERNICK, MORRIS 2 GROVE ISLE DR #1509 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPOFF, NANCY 3 GROVE ISLE DR #1009 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIN, ROBERT 13645 DEERING BAY DR #114 CORAL GABLES, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LANDE, STEPHEN C 4200 BISCAYNE BLVD. MIAMI, FL 33137

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07/13/06-80015-011 70.00

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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 or 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 #