

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000005092

1. Entity Name
BARRY & JUDY SILVERMAN FOUNDATION, INC.



Principal Place of Business
2800 PONCE DE LEON BLVD
SUITE 1125
CORAL GABLES, FL 33134 US

Mailing Address
2800 PONCE DE LEON BLVD
SUITE 1125
CORAL GABLES, FL 33134 US



01242008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0526279

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BREIER, ROBERT G ESQ
2800 PONCE DE LEON BOULEVARD
SUITE 1125
CORAL GABLES, FL 33134

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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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
DPC
SILVERMAN, BARRY J
STREET ADDRESS
2800 PONCE DE LEON BLVD., #1125
CITY-ST-ZIP
CORAL GABLES, FL 33134

TITLE
NAME
DS
SILVERMAN, JUDY
STREET ADDRESS
2800 PONCE DE LEON BLVD., #1125
CITY-ST-ZIP
CORAL GABLES, FL

TITLE
NAME
DT
SILVERMAN BIANCO, RONNI
STREET ADDRESS
2800 PONCE DE LEON BLVD., #1125
CITY-ST-ZIP
CORAL GABLES, FL 33134

TITLE
NAME
DV
SILVERMAN, LAURIE K
STREET ADDRESS
2800 PONCE DE LEON BLVD., #1125
CITY-ST-ZIP
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000010893
02/11/08-90004-024 61.25

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IN THIS SPACE**

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: *Judy Silverman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08
Date

(305) 705-0026
Daytime Phone #