

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733029

**Entity Name:** BET BREIRA SAMU-EL OR OLOM, INC.**Current Principal Place of Business:**9400 SW 87 AVENUE  
MIAMI, FL 33176**Current Mailing Address:**9400 SW 87 AVENUE  
MIAMI, FL 33176**FEI Number:** 59-1629361**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BREITER, RUSSELL  
9400 SW 87 AVE  
MIAMI, FL 33176 US*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.***SIGNATURE:** RUSSELL BREITER

01/10/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SOKOLOW-DIAS, CAROL  
Address 9400 SW 87 AVE.  
City-State-Zip: MIAMI FL 33176

Title IMMEDIATE PAST PRESIDENT  
Name BREITER, RUSSELL A  
Address 9400 SW 87 AVENUE  
City-State-Zip: MIAMI FL 33176

Title DIRECTOR  
Name WEBER, MICHELLE  
Address 9400 SW 87 AVENUE  
City-State-Zip: MIAMI FL 33176

Title DIRECTOR  
Name SANKO, JILL  
Address 9400 SW 87 AVENUE  
City-State-Zip: MIAMI FL 33176

Title DIRECTOR  
Name LEVY, JAY  
Address 9400 SW 87 AVENUE  
City-State-Zip: MIAMI FL 33176

Title DIRECTOR  
Name HELD, GARY  
Address 9400 SW 87 AVENUE  
City-State-Zip: MIAMI FL 33176

Title DIRECTOR  
Name FARBER, MARK  
Address 9400 SW 87 AVENUE  
City-State-Zip: MIAMI FL 33176

Title DIRECTOR  
Name KUBLIN, RENA  
Address 9400 SW 87 AVENUE  
City-State-Zip: MIAMI FL 33176

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CAROL SOKOLOW-DIAS

TREASURER

01/10/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LEVY, PHILIP  
Address 9400 SW 87 AVENUE  
City-State-Zip: MIAMI FL 33176

Title DIRECTOR  
Name GIRNUN, ARNIE  
Address 9400 SW 87 AVENUE  
City-State-Zip: MIAMI FL 33176

Title DIRECTOR  
Name SLOTNICK, MICHAEL  
Address 9400 SW 87 AVENUE  
City-State-Zip: MIAMI FL 33176

Title DIRECTOR  
Name BURSEN, BETTY  
Address 9400 SW 87 AVE  
City-State-Zip: MIAMI FL 33176

Title DIRECTOR  
Name LOCKENBACH, DON  
Address 9400 SW 87 AVE  
City-State-Zip: MIAMI FL 33176

Title DIRECTOR  
Name ASKOWITZ, ANTHONY  
Address 9400 SW 87 AVENUE  
City-State-Zip: MIAMI FL 33176

Title DIRECTOR  
Name PENCHANSKY, JOE  
Address 9400 SW 87 AVENUE  
City-State-Zip: MIAMI FL 33176

Title DIRECTOR  
Name SCHIMMEL, LARRY  
Address 9400 SW 87 AVE  
City-State-Zip: MIAMI FL 33176

Title DIRECTOR  
Name HORNIK, LINDA  
Address 9400 SW 87 AVE  
City-State-Zip: MIAMI FL 33176