

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008519

FILED
Jan 15, 2015
Secretary of State
CC5611688337

Entity Name: ELAINE AND PHILIP BLOOM FAMILY SUPPORTING FOUNDATION, INC.

Current Principal Place of Business:

4200 BISCAYNE BOULEVARD
MIAMI, FL 33137

Current Mailing Address:

4200 BISCAYNE BOULEVARD
MIAMI, FL 33137

FEI Number: 65-1065543

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LANDE, STEPHEN C
4200 BISCAYNE BOULEVARD
MIAMI, FL 33137 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name LOWY, RONALD S
Address 2480 NE 200TH STREET
City-State-Zip: MIAMI FL 33180

Title D
Name BERGER, HELENE
Address 3 GROVE ISLE DRIVE #801
City-State-Zip: COCONUT GROVE FL 33133

Title D
Name GERSON, GARY
Address 666 71ST STREET
City-State-Zip: MIAMI BEACH FL 34314

Title DS
Name LANDE, STEPHEN C
Address 4200 BISCAYNE BOULEVARD
City-State-Zip: MIAMI FL 33137

Title D
Name SOLOMON, JACOB
Address 4200 BISCAYNE BOULEVARD
City-State-Zip: MIAMI FL 33137

Title D
Name BLOOM, ELAINE
Address 5255 COLLINS AVENUE #3-J
City-State-Zip: MIAMI BEACH FL 33140

Title D
Name ISRAEL, ANN BLOOM
Address 1484 SW 97TH WAY
City-State-Zip: DAVIE FL 33324

Title D
Name BLOOM, DAVID
Address 630 NE 55TH STREET
City-State-Zip: MIAMI FL 33137

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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: STEPHEN C. LANDE

SECRETARY

01/15/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name BLOOM, PHILLIP
Address 5255 COLLINS AVE.
APT. 3J
City-State-Zip: MIAMI BEACH FL 33140