

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

DOCUMENT# N00000008519

**FILED**  
**Jun 29, 2018**  
**Secretary of State**  
**CC2835974205**

**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: No**

**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

**Continues on page 2**

*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**

**FOUNDATION DIRECTOR 06/29/2018**

\_\_\_\_\_  
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