

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000010484

**Entity Name:** BURGER KING FOUNDATION INC.

**Current Principal Place of Business:**

5707 BLUE LAGOON DRIVE  
MIAMI, FL 33126

**Current Mailing Address:**

5707 BLUE LAGOON DRIVE  
MIAMI, FL 33126 US

**FEI Number:** 06-1765327

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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 DIRECTOR, PRESIDENT  
Name GREENBERG, ELIZABETH W  
Address 5707 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title DIRECTOR, VP  
Name FINAZZO, CHRISTOPHER  
Address 5707 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title DIRECTOR  
Name ST. JUSTE, ROBES  
Address 11911 WARFIELD STREET  
City-State-Zip: SAN ANTONIO TX 78216

Title DIRECTOR  
Name JOHNSON, CHRIS  
Address 590 E. MAIN STREET  
City-State-Zip: BRIDGEWATER NJ

Title DIRECTOR  
Name VARMAN, RAJ  
Address MITTAL COMMERCIA  
B WING, UNIT 1003-1007,  
HASANPADA  
City-State-Zip: CHIMATPADA MORAL, ANDHERI  
EAST, MUMBAI

Title DIRECTOR  
Name SHEN, BIANCA  
Address AVENDIA DE EUROPA 26  
EDIFICIO ATICA7, POSUELO DE  
ALARCON  
City-State-Zip: MADRID 28224

Title DIRECTOR  
Name SHEAR, DAVID  
Address INWILERRIEDSTRASSE 61  
City-State-Zip: BAAR 6340

Title DIRECTOR  
Name TURELL, ISABELL  
Address EL RECODO STREET, #7 BELLA  
VISTA  
City-State-Zip: SANTO DOMINGO

**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:** ROBIN SCHAFFER

**SECRETARY**

**04/28/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           FRIESNER, JACKIE  
Address        5707 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title           SECRETARY  
Name           SCHAFFER, ROBIN  
Address        5707 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title           DIRECTOR  
Name           SANTELMO, THIAGO  
Address        5707 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title           DIRECTOR  
Name           BRUEGGEMANN, TIM  
Address        5707 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title           DIRECTOR  
Name           ROSSI, RENATO  
Address        5707 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title           ASST. TREASURER  
Name           CONNOLLY, COURTNEY  
Address        5707 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title           EXECUTIVE DIRECTOR  
Name           ISRAEL, AMANDA  
Address        5707 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title           DIRECTOR  
Name           MCDONALD, TOM  
Address        3 SABLE RIDGE COURT  
City-State-Zip: LAS VEGAS NV 89135

Title           DIRECTOR  
Name           SIDHU, PATRICK  
Address        5519 CARMICHAEL ROAD  
City-State-Zip: MONTGOMERY AL 36117