#### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012893

Entity Name: CIVIE AND EARL PERTNOY FAMILY FOUNDATION, INC.

**FILED** Apr 05, 2024 **Secretary of State** 3670088494CC

## **Current Principal Place of Business:**

4200 BISCAYNE BLVD. MIAMI. FL 33137

### **Current Mailing Address:**

4200 BISCAYNE BLVD. MIAMI, FL 33137

FEI Number: 14-1944305 Certificate of Status Desired: No

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

OKSANA, CARDINI 4200 BISCAYNE BLVD. 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: OKSANA CARDINI 04/05/2024

Electronic Signature of Registered Agent

City-State-Zip:

W. PALM BCH FL 33414

Officer/Director Detail:

City-State-Zip:

Title D Title

PERTNOY, SIDNEY PERTNOY, RONALD Name Name

Address 3111 FORTUNE WAY, B-18 Address 150 W FLAGLER STREET

**SUITE 2200** MIAMI FL 33130

Title D

Title D Name

YARUS, GARY J Name BLUMENSTEIN, SANDI Address 2 S BISCAYNE BLVD.

1710 NW 106TH AVE. Address **SUITE 1742** 

PEMBROKE PINES FL 33026 City-State-Zip: MIAMI FL 33131 City-State-Zip:

Title Title D

Name FOLDES, STEVEN M. WEINGARDEN, LOIS Name Address 10 EDGEWATER DRIVE Address 9861 SW 122ND ST. APT. 15E

City-State-Zip: MIAMI FL 33176 City-State-Zip: CORAL GABLES FL 33133

Title D

Title D Name SOLOMON, JACOB

Name SCOTT, KAPLAN Address 4200 BISCAYNE BLVD.

Address 4200 BISCAYNE BLVD. City-State-Zip: MIAMI FL 33137

MIAMI FL 33137 City-State-Zip:

#### 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.

04/05/2024 SIGNATURE: SCOTT KAPLAN SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

Date

# Officer/Director Detail Continued :

Title D

Name PODHURST, AARON

Address 25 WEST FLAGER STREET, #800

City-State-Zip: MIAMI FL 33130