

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007474

Entity Name: FRIENDSHIP CIRCLE OF MIAMI, INC.**Current Principal Place of Business:**8700 SW 112 STREET
MIAMI, FL 33176**Current Mailing Address:**8700 SW 112 STREET
MIAMI, FL 33176 US**FEI Number:** 20-5467741**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEARR, CRAIG
9100 S DADELAND BOULEVARD,
ONE DATRAN CENTER, PENTHOUSE 1 SUITE 1701
MIAMI, FL 33156 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:** CRAIG DEARR

02/20/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name HARLIG, YOSSEF Y
Address 8700 SW 112 STREET
City-State-Zip: MIAMI FL 33176

Title CHAIRMAN
Name EVENSKY, DAVID
Address 4000 PONCE DE LEON BLVD #850
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR
Name ADREON, DIANE DR.
Address 5665 PONCE DE LEON BLVD
City-State-Zip: MIAMI FL 33146

Title DIRECTOR
Name MARGULIES, JASON
Address 2 S BISCAYNE BLVD #1776
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name ROISMAN, JOSEPH
Address 3000 NW 107 AVE MIAMI
City-State-Zip: MIAMI FL 33172

Title DIRECTOR
Name POTAMKIN, CLAUDIA
Address 8700 SW 112TH ST
City-State-Zip: MIAMI FL 33176

Title TREASURER
Name KAPLAN, PAUL
Address 8200 NW 33RD ST #300
City-State-Zip: MIAMI FL 33122

Title DIRECTOR
Name KAPLAN, MICHELLE
Address 8200 NW 33RD ST #300
City-State-Zip: MIAMI FL 33122

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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: RABBI YOSSEF HARLIG

EXECUTIVE DIRECTOR

02/20/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HERRERA-NAVARRETE, LIBBY
Address 9360 SW 72ND ST
City-State-Zip: MIAMI FL 33173

Title DIRECTOR
Name ARTEAGA-GOMEZ, ROSSANA
Address 201 BISCAYNE BLVD # 1300
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name REGALADO, RAQUEL
Address 846 LINCOLN RD FL 5
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name HERSHORIN, EUGENE DR.
Address 8932 SW 97TH AVE
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name BOLDUC, STACY
Address 8700 SW 112 STREET
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name JOSEFSBERG, ROBERT
Address ONE, SE 3RD AVE SUITE 2300
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name HARLIG, NECHAMA
Address 8700 SW 112TH ST
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name CANTERA-SERRALTA, MONICA
Address 2151 S LE JEUNE RD #300
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name RESNICK, TREVOR DR.
Address 3200 SW 60TH CT
City-State-Zip: MIAMI FL 33155

Title SECRETARY
Name BERKOWITZ, TRACEY
Address 8700 SW 112 STREET
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name RUDERMAN, TODD
Address 8700 SW 112 STREET
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name PALMER-FAJARDO, JOANNA
Address 1600 NW 10TH AVE #1140
City-State-Zip: MIAMI FL 33136