

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000011856

**FILED**  
**Apr 05, 2019**  
**Secretary of State**  
**3620908178CC**

**Entity Name:** NU3 FOUNDATION INC.

**Current Principal Place of Business:**

19195 MYSTIC POINTE DRIVE  
PH 9  
AVENTURA, FL 33180

**Current Mailing Address:**

19195 MYSTIC POINTE DRIVE  
PH 9  
AVENTURA, FL 33180

**FEI Number:** 26-1552096

**Certificate of Status Desired:** No

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

DUNKLEY, LINDSAY  
14100 PALMETTO FRONTAGE RD  
SUITE 201  
MIAMI LAKES, FL 33016 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 P  
Name SCHRAER, MONICA  
Address 3530 MYSTIC POINTE DRIVE UNIT  
2007  
City-State-Zip: AVENTURA FL 33180

Title VP  
Name ZYLBERBLUM, FRANCIS  
Address 19195 MYSTIC POINTE DRIVE PH 9  
City-State-Zip: AVENTURA FL 33180

Title S  
Name ABUDINEN, KAREN  
Address 14100 PALMETTO FRONTAGE RD  
City-State-Zip: MIAMI LAKES FL 33016

Title T  
Name LERNER, SAMUEL R  
Address 14100 PALMETTO FRONTAGE RD NO  
201  
City-State-Zip: MIAMI LAKES FL 33016

Title M  
Name MINSKI, JOEL  
Address 14100 PALMETTO FRONTAGE RD NO  
201  
City-State-Zip: MIAMI LAKES FL 33016

Title M  
Name MINSKI, JOSE  
Address 14100 PALMETTO FRONTAGE RD NO  
201  
City-State-Zip: MIAMI LAKES FL 33016

*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:** FRANCIS ZYLBERBLUM

**VICE-PRESIDENT BOARD** 04/05/2019  
**OF DIRECTORS**

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

\_\_\_\_\_  
Date