

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

DOCUMENT# N08000010823

**Entity Name:** TIBOR AND SHEILA HOLLO CHARITABLE FOUNDATION, INC.

**FILED**  
**Mar 01, 2018**  
**Secretary of State**  
**CC7345535517**

**Current Principal Place of Business:**

100 S. BISCAYNE BLVD STE 900  
MIAMI, FL 33131

**Current Mailing Address:**

100 S. BISCAYNE BLVD STE 900  
MIAMI, FL 33131

**FEI Number: 26-3805116**

**Certificate of Status Desired: No**

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

HOLLO, JEROME  
100 S BISCAYNE BLVD  
STE 900  
MIAMI, FL 33131 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 MGRM  
Name HOLLO, TIBOR  
Address 100 S BISCAYNE BLVD STE 900  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name HOLLO, SHEILA  
Address 100 S BISCAYNE BLVD STE 900  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name HOLLO, WAYNE  
Address 100 S BISCAYNE BLVD STE 900  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name HOLLO, JEROME  
Address 100 S BISCAYNE BLVD ST 900  
City-State-Zip: MIAMI FL 33131

Title TREASURER  
Name KATZ, LEONARD  
Address 100 S. BISCAYNE BLVD STE 900  
City-State-Zip: MIAMI FL 33131

*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: LEONARD KATZ**

**MGR**

**03/01/2018**

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

\_\_\_\_\_  
Date