

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000002956

**FILED**  
**Apr 23, 2015**  
**Secretary of State**  
**CC2731915590**

**Entity Name:** MEIDAR FAMILY CHARITABLE TRUST INC.

**Current Principal Place of Business:**

5850 RIVIERA DRIVE  
CORAL GABLES, FL 33146

**Current Mailing Address:**

5850 RIVIERA DRIVE  
CORAL GABLES, FL 33146 US

**FEI Number:** 13-7516109

**Certificate of Status Desired:** No

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

MEIDAR, LIAD  
5850 RIVIERA DRIVE  
CORAL GABLES, FL 33146 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 D  
Name MEIDAR, LIAD  
Address 5850 RIVIERA DRIVE  
City-State-Zip: CORAL GABLES FL 33146

Title D  
Name MEIDAR, MARGALIT  
Address 5850 RIVIERA DRIVE  
City-State-Zip: CORAL GABLES FL 33146

Title D  
Name MEIDAR-ALFI, HILLIT R  
Address 5850 RIVIERA DRIVE  
City-State-Zip: CORAL GABLES FL 33146

Title D  
Name MEIDAR, MOSHE  
Address 5850 RIVIERA DRIVE  
City-State-Zip: CORAL GABLES FL 33146

*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:** LIAD MEIDAR

**PRESIDENT**

**04/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date