

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000004320

**Entity Name:** BET SHIRA ENDOWMENT FOUNDATION, INC.

**Current Principal Place of Business:**

2525 PONCE DE LEON BLVD  
1150  
CORAL GABLES, FL 33156

**Current Mailing Address:**

2525 PONCE DE LEON BLVD  
1150  
CORAL GABKES , FL 33134 US

**FEI Number:** 65-0526420

**Certificate of Status Desired:** No

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

ROTH, NEAL A ESQUIRE  
2525 PONCE DE LEON BLVD - STE. 1150  
CORAL GABLES, FL 33134-6040 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           TREASURER  
Name           NOVAK, MICHAEL  
Address        60 EDGEWATER DRIVE APT 5-C  
City-State-Zip: CORAL GABLES FL 33133

Title           PRESIDENT  
Name           ROTH, NEAL  
Address        7229 SW 102 STREET  
City-State-Zip: PINECREST FL 33156

Title           SECRETARY  
Name           BERK, CAROL  
Address        7360 S.W. 133 TERR.  
City-State-Zip: MIAMI FL 33156

*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:** MICHAEL H NOVAK

TREASURE

04/23/2022

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

\_\_\_\_\_ Date