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

DOCUMENT# N95000000799

Entity Name: THE I HAVE A DREAM FOUNDATION OF MIAMI, INC.

**FILED** Mar 09, 2018 **Secretary of State** CC2396848892

# **Current Principal Place of Business:**

C/O STEPHANIE TRUMP 17749 COLLINS AVENUE, TS40 SUNNY ISLES BEACH, FL 33160

## **Current Mailing Address:**

STEPHANIE TRUMP 17749 COLLINS AVENUE TS40 SUNNY ISLES, FL 33160 US

FEI Number: 65-0570404 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

BILZIN, BRIAN BILZIN SUMBERG 1450 BRICKELL AVENUE 2300 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: BRIAN BILZIN 03/09/2018

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title D

TRUMP, STEPHANIE TRUMP, EDDIE Name Name

17749 COLLINS AVENUE 17875 COLLINS AVENUE Address Address

**TS40** 503B

City-State-Zip: SUNNY ISLES FL 33160 City-State-Zip: SUNNY ISLES FL 33160

Title D Title OFFICER

Name BILZIN, BRIAN Name LITSKY, BEVERLY

Address 1450 BRICKELL AVENUE Address 3000 ISLAND BLVD

2300

City-State-Zip: MIAMI BEACH FL 33131 City-State-Zip: WILLIAMS ISLAND FL 33160

Title **OFFICER** Title **OFFICER** 

HUMES-NEWBOLD, EDITH BLACK, ELAINE Name Name

200 S. BISCAYNE BLVD Address Address **671 SW 93 AVENUE** 

2500

City-State-Zip: PEMBROKE PINES FL 33025 City-State-Zip: MIAMI FL 33131

Title **OFFICER OFFICER** Title

MADURO, LESLIE ANN Name Name ROBERTSON, JOHNATHAN

777 BRICKELL AVENUE Address Address 1105 S RIO VISTA BLVD 3RD FLOOR

MIAMI FL 33131 City-State-Zip: City-State-Zip: FT. LAUDERDALE FL 33316

#### Continues on page 2

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: STEPHANIE TRUMP **PRESIDENT** 03/09/2018

## Officer/Director Detail Continued:

OFFICER Title Title **OFFICER** Name BOUCHER, MICHAEL Name ROBERTS, OTI

Address 1451 OCEAN DRIVE Address 2 SOUTH BISCAYNE BLVD

3RD FLOOR

205

MIAMI BEACH FL 33139 City-State-Zip: MIAMI FL 33131 City-State-Zip:

Title **OFFICER** Title **OFFICER** 

HOLLANDER, ROBERT Name COSBY, JEFFREY Name Address 14900 NW 79TH COURT Address 200 S BISCAYNE BLVD

200 City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI LAKES FL 33016

Title **OFFICER OFFICER** Title

Name ZUTEL, FRED Name STEELE, ADDEA

Address 1450 BRICKELL AVENUE Address 2800 ISLAND BLVD

SUITE #1600

1801 City-State-Zip: MIAMI FL 33131 City-State-Zip: WILLIAMS ISLAND FL 33160