

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

DOCUMENT# N95000000799

**FILED**  
**Apr 29, 2022**  
**Secretary of State**  
**3058467393CC**

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

**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

04/29/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name TRUMP, STEPHANIE  
Address 17749 COLLINS AVENUE  
TS40  
City-State-Zip: SUNNY ISLES FL 33160

Title D  
Name TRUMP, EDDIE  
Address 17875 COLLINS AVENUE  
503B  
City-State-Zip: SUNNY ISLES FL 33160

Title D  
Name BILZIN, BRIAN  
Address 1450 BRICKELL AVENUE  
2300  
City-State-Zip: MIAMI BEACH FL 33131

Title OFFICER  
Name LITSKY, BEVERLY  
Address 3000 ISLAND BLVD  
707  
City-State-Zip: WILLIAMS ISLAND FL 33160

Title OFFICER  
Name HUMES-NEWBOLD, EDITH  
Address 200 S. BISCAYNE BLVD  
2500  
City-State-Zip: MIAMI FL 33131

Title OFFICER  
Name BLACK, ELAINE  
Address 671 SW 93 AVENUE  
City-State-Zip: PEMBROKE PINES FL 33025

Title OFFICER  
Name ROBERTSON, JOHNATHAN  
Address 1105 S RIO VISTA BLVD  
City-State-Zip: FT. LAUDERDALE FL 33316

Title OFFICER  
Name MADURO, LESLIE ANN  
Address 777 BRICKELL AVENUE  
3RD FLOOR  
City-State-Zip: MIAMI FL 33131

**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

04/29/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name BOUCHER, MICHAEL  
Address 1451 OCEAN DRIVE  
205  
City-State-Zip: MIAMI BEACH FL 33139

Title OFFICER  
Name HOLLANDER, ROBERT  
Address 14900 NW 79TH COURT  
200  
City-State-Zip: MIAMI LAKES FL 33016

Title OFFICER  
Name STEELE, ADDEA  
Address 2800 ISLAND BLVD  
1801  
City-State-Zip: WILLIAMS ISLAND FL 33160

Title OFFICER  
Name ROBERTS, OTI  
Address 2 SOUTH BISCAYNE BLVD  
3RD FLOOR  
City-State-Zip: MIAMI FL 33131

Title OFFICER  
Name COSBY, JEFFREY  
Address 200 S BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33131

Title OFFICER  
Name ZUTEL, FRED  
Address 1450 BRICKELL AVENUE  
SUITE #1600  
City-State-Zip: MIAMI FL 33131