

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005077

**Entity Name:** PERLMAN FAMILY SUPPORTING FOUNDATION, INC.**Current Principal Place of Business:**4200 BISCAYNE BLVD  
MIAMI, FL 33137**Current Mailing Address:**4200 BISCAYNE BLVD  
MIAMI, FL 33137**FEI Number: 65-0946000****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**LANDE, STEPHEN C  
4200 BISCAYNE BLVD  
MIAMI, FL 33137 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 SOLOMON, JACOB  
Address 4200 BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33137

Title D  
Name LIPOFF, NANCY  
Address 3 GROVE ISLE DR #1009  
City-State-Zip: COCONUT GROVE FL 33133

Title D  
Name BITTEL, MICHAEL  
Address 8701 SW 72ND STREET  
City-State-Zip: MIAMI FL 33173

Title D  
Name PERLMAN, RITA  
Address C/O WENDY PERLMAN  
111 BIRDS HILL AVE.  
City-State-Zip: NEEDHAM MA 02492

Title D  
Name FUTERNICK, MORRIS  
Address 2 GROVE ISLE DR #1509  
City-State-Zip: COCONUT GROVE FL 33133

Title DS  
Name LANDE, STEPHEN C  
Address 4200 BISCAYNE BLVD.  
City-State-Zip: MIAMI FL 33137

Title D  
Name BRIN, ROBERT  
Address 13645 DEERING BAY DR.  
APT. 114  
City-State-Zip: CORAL GABLES FL 33158

Title D  
Name PERLMAN, JONATHAN  
Address 6700 SW 130TH TERRACE  
#1501  
City-State-Zip: MIAMI FL 33156

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*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: STEPHEN C. LANDE****SECRETARY****01/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name PERLMAN, ANDREW  
Address 1631 E BROWARD BLVD.  
City-State-Zip: FT. LAUDERDALE FL 33301

Title D  
Name PERLMAN, WENDY  
Address 111 BIRDS HILL AVE.  
City-State-Zip: NEEDHAM MA 02492