

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90097 001 ***140.00

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01052006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-0624404

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOLOMON JACOB
4200 BISCAYNE BLVD
MIAMI, FL 33137

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE V ☐ Delete
NAME KATZ, EZRA
STREET ADDRESS 2665 S. BAYSHORE DRIVE PH-2A
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE P ☐ Delete
NAME ADLER, MICHAEL
STREET ADDRESS 1400 NW 107 AVENUE 5TH FLOOR
CITY-ST-ZIP MIAMI, FL 33172

TITLE D ☒ Delete
NAME SCHECK, MICHAEL
STREET ADDRESS 215 SE 10TH AVE
CITY-ST-ZIP HIALEAH, FL

TITLE EVP ☐ Delete
NAME SOLOMON, JACOB
STREET ADDRESS 4200 BISCAYNE BOULEVARD
CITY-ST-ZIP MIAMI, FL 33137

TITLE VD ☐ Delete
NAME BERNSTEIN, RICHARD
STREET ADDRESS 2601 S BAYSHORE DRIVE, #1900
CITY-ST-ZIP MIAMI, FL 33133

TITLE TD ☐ Delete
NAME KAVANA, JASON
STREET ADDRESS 16241 NW 48 AVE
CITY-ST-ZIP HIALEAH, FL 33014

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PPD (Past President/Director) ☒ Change ☐ Addition
NAME Ezra Katz
STREET ADDRESS 2665 S. Bayshore Drive PH2A
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition
NAME Raquel Schack
STREET ADDRESS 215 SE 10th Ave
CITY-ST-ZIP Hialeah, FL 33010-5536

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Change ☐ Addition
NAME Joseph Kavana
STREET ADDRESS 16241 NW 48 Ave
CITY-ST-ZIP Hialeah, FL 33014

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/06

Date

Daytime Phone #