

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90033 031 \*\*\*\*61.25

**DOCUMENT # 742974**

1. Entity Name

MILTON LITTMAN MEMORIAL FOUNDATION, INC.



Principal Place of Business

17971 BISCAYNE BLVD STE 214  
MIAMI FL 33160-2588

Mailing Address

17971 BISCAYNE BLVD STE 214  
MIAMI FL 33160-2588

04011475

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MOORE

CR2E037 (11/03)

4. FEI Number

59-1840585

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PESETSKY, WALTER S.  
17701 BISCAYNE BLVD  
#200  
MIAMI FL 33160

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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	PD	<input type="checkbox"/> Delete
NAME	KOPPEL, WILLIAM	
STREET ADDRESS	2421 NE 199 ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ADDERTON, TED	
STREET ADDRESS	7764 BILTMORE BLVD.	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LITTMAN, JULIUS	
STREET ADDRESS	3545 N.E. 166TH. ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LITTMAN, IRVING	
STREET ADDRESS	2621 N.E. 165TH. ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PESETSKY, WALTER.	
STREET ADDRESS	1367 NE 162 ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Littman, Julius	
STREET ADDRESS	3545 N.E. 166th St	
CITY-ST-ZIP	N. Miami Beach, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Gordon	
STREET ADDRESS	2841 N.E. 163rd Street #101	
CITY-ST-ZIP	N. Miami Beach, FL 33160	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

Julius Littman

Feb 12, 2004