

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2008 08:00 AM
Secretary of State

DOCUMENT # 7596Q6

1. Entity Name

MARTIN Z. MARGULIES FOUNDATION, INC.



Principal Place of Business

445 GRAND BAY DRIVE
SUITE PH1C

KEY BISCAYNE, FL 33149 US

Mailing Address

445 GRAND BAY DRIVE
SUITE PH1C

KEY BISCAYNE, FL 33149 US



03142008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2130476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PIOTRKOWSKI, JOEL S

317 71ST STREET

MIAMI BEACH, FL 33141

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IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARGULIES, MARTIN Z. 445 GRAND BAY DRIVE SUITE PH1C KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILMORE, RICHARD 445 GRAND BAY DRIVE SUITE PH1C KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HINDS, KATHERINE 445 GRAND BAY DRIVE SUITE PH1C KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARGULIES, DAVID 445 GRAND BAY DRIVE, SUITE PH1C KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN00000864858
04/07/08-80004-015 61.25

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IN THIS SPACE**

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

MARTIN MARGULIES 3-19-08 579-1051

Date

Daytime Phone #