

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90041 046 ****61.25

DOCUMENT # 759797

1. Entity Name
THE TED ARISON FAMILY FOUNDATION USA, INC.



Principal Place of Business
% ARNALDO PEREZ
3655 NW 87TH AVENUE
MIAMI, FL 33178

Mailing Address
% ARNALDO PEREZ
3655 NW 87TH AVENUE
MIAMI, FL 33178



2. Principal Place of Business

% Maddy Rosenberg

Suite, Apt. #, etc.

3655 NW 87 avenue

City & State

Miami, FL

Zip

33178

Country

USA

3. Mailing Address

% Maddy Rosenberg

Suite, Apt. #, etc.

3655 NW 87 avenue

City & State

Miami, FL

Zip

33178

Country

USA

01082004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2128429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PEREZ, ARNALDO
3655 NW 87TH AVENUE
MIAMI, FL 33178

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, 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 **CT** ☐ Delete
NAME **ARISON, SHARI**
STREET ADDRESS **GOLDA CTR 23 SHAUL HAMELCH BLVD.**
CITY-ST-ZIP **TEL AVIV, IS**

TITLE **TM** ☐ Delete
NAME **ARISON, MARILYN**
STREET ADDRESS **10 BERKOWITZ ST.**
CITY-ST-ZIP **TEL AVIV, IS**

TITLE **T** ☐ Delete
NAME **ARISON, MICKY M.**
STREET ADDRESS **3655 NW 87 AVE.**
CITY-ST-ZIP **MIAMI, FL**

TITLE **T** ☐ Delete
NAME **ARISON, MADELEINE**
STREET ADDRESS **9999 COLLINS AVE**
CITY-ST-ZIP **MIAMI BEACH, FL**

TITLE **ASVP** ☐ Delete
NAME **PEREZ, ARNALDO**
STREET ADDRESS **3655 N.W. 87TH AVE.**
CITY-ST-ZIP **MIAMI, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CT** ☒ Change ☐ Addition
NAME **Arison, Shari**
STREET ADDRESS **3655 NW 87 avenue**
CITY-ST-ZIP **Miami, FL 33178**

TITLE **TM** ☒ Change ☐ Addition
NAME **Arison, Marilyn**
STREET ADDRESS **9999 Collins Ave**
CITY-ST-ZIP **Bal Harbour, FL 33154**

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Bal Harbour, FL 33154**

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

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

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

ARNALDO PEREZ
ASVP

1/8/04

305-406-

Daytime Phone #