

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000002528

1. Entity Name
HALBERSTEIN FAMILY SUPPORTING FOUNDATION,
INC.



Principal Place of Business
4200 BISCAYNE BLVD.
MIAMI, FL 33137

Mailing Address
4200 BISCAYNE BLVD.
MIAMI, FL 33137



07072006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
91-2117364

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHWARTZ, STEPHEN M
4200 BISCAYNE BLVD.
MIAMI, FL 33137

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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 September 6, 2006**

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	S EISENBERG, HERBERT 4200 BISCAYNE BLVD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SOLOMON, JACOB 4200 BISCAYNE BLVD. MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLOCK, JACK 19707 TURNBERRY WAY APT. 8-J AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVERMAN, BARRY J DR. 2801 N.E. 208TH TERRACE, SUITE 102 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLEMBERG, ISAAC 800 N.W. 21ST STREET MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000572339
07/27/06-80001-004 70.00

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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

Date

Daytime Phone #