

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90031 028 ****61.25

DOCUMENT # N04000004083

1. Entity Name
THE JOSEPH SAMUEL ISICOFF MEMORIAL FUND, INC.



Principal Place of Business Mailing Address
3495 NW NORTH RIVER DRIVE
MIAMI, FL 33142

60015796



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
20-1055878

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

PENINSULA REGISTERED AGENTS, INC.
200 SOUTH BISCAYNE BLVD 43RD FLOOR
MIAMI, FL 33131

Name **Steven Isicoff**

Street **3495 NW NORTH RIVER DRIVE**

City **MIAMI, FL 33142**

FL

Zip

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Steven Isicoff, 2/03/06

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **ISICOFF, LAUREL M**
STREET ADDRESS **3495 NW NORTH RIVER DRIVE**
CITY-ST-ZIP **MIAMI, FL 33142**

TITLE **D** ☐ Change ☒ Addition
NAME **Lucy Zelman**
STREET ADDRESS **11440 SW 102 CT**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **D** ☐ Delete
NAME **ISICOFF, STEVEN**
STREET ADDRESS **3495 NW NORTH RIVER DRIVE**
CITY-ST-ZIP **MIAMI, FL 33142**

TITLE **D** ☐ Change ☒ Addition
NAME **Allen Singer**
STREET ADDRESS **9150 SW 87 AVE, Suite 108**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **D** ☐ Delete
NAME **ISICOFF, ERIC**
STREET ADDRESS **1101 BRICKELL AVE STE 704**
CITY-ST-ZIP **MIAMI, FL 33131**

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

TITLE **D** ☐ Delete
NAME **FEILER, JEFFREY**
STREET ADDRESS **7685 SW 104TH STREET STE 200**
CITY-ST-ZIP **MIAMI, FL 33156**

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

TITLE **D** ☐ Delete
NAME **ULLMAN, SAMUEL C**
STREET ADDRESS **200 S BISCAYNE BLVD STE 4000**
CITY-ST-ZIP **MIAMI, FL 33131**

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

TITLE ☐ Delete
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 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]

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

Steven Isicoff, Pres. / Director

305-345-6421