

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 A
Secretary of State

DOCUMENT # N05000010540	
1. Entity Name NATAN & LIDIA PEISACH FAMILY FOUNDATION, INC.	

Principal Place of Business C/O VISION ASSET MANAGEMENT, INC. 3900 PEMBROKE ROAD HOLLYWOOD, FL 33021	Mailing Address C/O VISION ASSET MANAGEMENT, INC. 3900 PEMBROKE RD HOLLYWOOD, FL 33021
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03312008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3785948	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301

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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 _____ (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	U000000881770 04/16/08-80013-024 61 25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEISACH, ALBERTO 588 GOLDEN BEACH DR NORTH MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SASSON, MONICA 19484 39 AVE NORTH MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SELZER, HERBERT 505 PARK AVE NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEISACH, JAMIE 60 TERRARINA AVE NORTH MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Monica Sasson 3/31/08 954-272-3221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #