

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

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90028 038 ****61.25

DOCUMENT # N48122

1. Entity Name

JONATHAN D. LEWIS FOUNDATION, INC.



Principal Place of Business

~~4649 PONCE DE LEON BLVD~~
~~STE 304~~ 3595 Anchorage Way
CORAL GABLES, FL 33146 US
Coconut Grove FL 33133

Mailing Address

3595 Anchorage Way
~~4649 PONCE DE LEON BLVD~~
~~STE 304~~ 33133
CORAL GABLES, FL 33146 US
Coconut Grove FL



01072008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
65-0330579

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI, INC.
201 S BISCAYNE BLVD
SUITE 1600
MIAMI, FL 33131

**DO NOT WRITE
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	D
NAME	LEWIS, JONATHAN D
STREET ADDRESS	3595 ANCHORAGE WAY
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	D
NAME	MILLARES, MARIA R 500 S. Dixie Hwy
STREET ADDRESS	4649 PONCE DE LEON BLVD #304 #201
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	D
NAME	DE LA VEGA, DANIA B
STREET ADDRESS	3595 ANCHORAGE WAY
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D
NAME	BERMAN, BRUCE
STREET ADDRESS	201 SO BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

1-21-08

Date

305 669-8990

Daytime Phone #