

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000002010

1. Entity Name
FELDMAN FAMILY FOUNDATION, INC.



Principal Place of Business
4200 BISCAYNE BLVD
MIAMI, FL 33137

Mailing Address
4200 BISCAYNE BLVD
MIAMI, FL 33137



02042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0421798

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LANDE, STEPHEN C
4200 BISCAYNE BLVD
MIAMI, FL 33137

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	LANDE, STEPHEN
STREET ADDRESS	4200 BISCAYNE BLVD
CITY - ST - ZIP	MIAMI, FL 33137
TITLE	D
NAME	LIPOFF, NANCY
STREET ADDRESS	THREE GROVE ISLE DR., #1009
CITY - ST - ZIP	COCONUT GROVE, FL
TITLE	D
NAME	SEGAL, MIKE
STREET ADDRESS	175 NW 1ST AVE
CITY - ST - ZIP	MIAMI, FL
TITLE	D
NAME	SOLOMON, JACOB MR
STREET ADDRESS	4200 BISCAYNE BLVD
CITY - ST - ZIP	MIAMI, FL 33137
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/14/05-80108-014 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 address, with all other the empowered.

SIGNATURE:

Stephen C. Lande
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/05

Date

786-886-8823

Daytime Phone #