

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000003504

1. Entity Name

**THE DIANE STAR HELLER CHARITABLE FOUNDATION,
INC.**



Principal Place of Business

**50 WEST DI LIDO DRIVE
MIAMI BEACH, FL 33139**

Mailing Address

**50 WEST DI LIDO DRIVE
MIAMI BEACH, FL 33139**



07022004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0504389

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HELLER, DANIEL N
14 N.E. 1ST AVENUE., SUITE 1205
MIAMI, FL 33132**

**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 September 8, 2004**

**9. Election Campaign Financing
Trust Fund Contribution.**

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE D
NAME HELLER, DIANE S
STREET ADDRESS 50 WEST DI LIDO DRIVE
CITY-ST-ZIP MIAMI BEACH, FL 33139**

**TITLE D
NAME HELLER, DANIEL N
STREET ADDRESS 50 WEST DI LIDO DRIVE
CITY-ST-ZIP MIAMI BEACH, FL 33139**

**TITLE D
NAME HELLER, BRIAN L
STREET ADDRESS 9 ISLAND AVENUE., UNIT 1707
CITY-ST-ZIP MIAMI BEACH, FL 33139**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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07/07/04-80026-015 61.25

**DO NOT WRITE
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)(i), 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 #

DANIEL NEAL HELLER

7/2/04 305-358-5544