

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

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000006314

1. Entity Name
BRAMAN FAMILY FOUNDATION, INC.



Principal Place of Business
2060 BISCAYNE BLVD
SECOND FLOOR
MIAMI, FL 33137 US

Mailing Address
2060 BISCAYNE BLVD
SECOND FLOOR
MIAMI, FL 33137 US



04072004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0542566

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KRIEGER, STANLEY J
2060 BISCAYNE BOULEVARD
SECOND FLOOR
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, 2004**

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME BRAMAN, NORMAN
STREET ADDRESS 1 INDIAN CREEK ISLAND
CITY - ST - ZIP MIAMI BEACH, FL

TITLE D
NAME BRAMAN, IRMA
STREET ADDRESS 1 INDIAN CREEK ISLAND
CITY - ST - ZIP MIAMI BEACH, FL

TITLE D
NAME LUSTGARTEN, SUSAN B
STREET ADDRESS 418 HILLBROOK RD
CITY - ST - ZIP BRYN MAWR, PA 19010

TITLE D
NAME SHACK, DEBRA B
STREET ADDRESS 250 LEUCADENDRA DR.
CITY - ST - ZIP MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

UN0000111068
04/12/04-80108-007 70.00

**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

4/8/04
Date

305/576-1689
Daytime Phone #