

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000003854

1. Entity Name
ROBERT KARL 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
65-0604337

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 NAME STREET ADDRESS CITY - ST - ZIP	D SOLOMON, JACOB 4200 BISCAYNE BLVD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS LANDE, STEPHEN C 4200 BISCAYNE BLVD. MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BILZIN, BRIAN 200 S BISCAYNE BLVD #2500 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KARL, ROBERT 6500 SW 114 ST MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KARL, NILZA 6500 SW 114 ST MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/18/05-80070-014 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

Date

Daytime Phone #

2/16/05 781-866-8823