

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90261 010 ****70.00

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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**

DO NOT WRITE IN THIS SPACE



03022006 No Chg-NP CR2E037 (11/05)

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
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

Date

Daytime Phone #

3/9/06

786-866-8673