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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005601

1. Corporation Name

ROSEN FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

177 OCEAN LANE DRIVE STE 1101
KEY BISCAVNE FL 33149

177 OCEAN LANE DRIVE STE 1101
KEY BISCAVNE FL 33149



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

11/28/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0637209

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUBIN, CHARLES D
9100 SO. DADELAND BLVD.
STE 1707
MIAMI FL 33156-7819

81 Name

Charles E. Muller

82 Street Address (P.O. Box Number is Not Acceptable)

9350 S. Dixie Highway
Suite 1550

83

84 City

miami

FL

85 Zip Code
33156

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Charles E. Muller

Charles Muller

3/20/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

D P

☒ Change ☐ Addition

NAME

ROSEN, EDITH H

1.2 NAME

Rosen, Edith H.

STREET ADDRESS

177 OCEAN LANE DRIVE STE 1101

1.3 STREET ADDRESS

177 Ocean Lane Drive Ste 1101

CITY-ST-ZIP

KEY BISCAVNE FL 33149

1.4 CITY-ST-ZIP

Key Biscayne FL 33149

☐ Change ☐ Addition

TITLE ☐ DELETE

2.1 TITLE

NAME

HADAR, MARGERY R

2.2 NAME

STREET ADDRESS

190 E. 72ND STREET

2.3 STREET ADDRESS

CITY-ST-ZIP

NEW YORK NY 10021

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

3.1 TITLE

NAME

SIMONS, VICTORIA R

3.2 NAME

STREET ADDRESS

600 GRAPETREE DRIVE

3.3 STREET ADDRESS

CITY-ST-ZIP

KEY BISCAVNE FL 33149

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

4.1 TITLE

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

5.1 TITLE

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

6.1 TITLE

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

305-670-6770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosen, President

Date

Daytime Phone #

CR2E037 (1/98)