

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

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N96000003985

1. Entity Name  
BEN & ROSE FLEEMAN FAMILY FOUNDATION, INC.



Principal Place of Business  
4200 BISCAYNE BOULEVARD  
MIAMI, FL 33137

Mailing Address  
4200 BISCAYNE BOULEVARD  
MIAMI, FL 33137



02042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0682793

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 BOULEVARD  
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  
KRAVITZ, STEVEN J  
4000 ISLAND BLVD. APT. 2506  
WILLIAMS ISLAND, FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SCHWARTZ, MAXINE  
4280 N. HILLS DRIVE  
HOLLYWOOD, FL 33021

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SOLOMON, JACOB  
4200 BISCAYNE BLVD.  
MIAMI, FL 33137

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DS  
EISENBERG, HERBERT  
4200 BISCAYNE BOULEVARD  
MIAMI, FL 33137

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
LANDE, STEPHEN C  
4200 BISCAYNE BLVD.  
MIAMI, FL 33137

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
FLEEMAN, GREGORY G  
321 W. DILIDO DRIVE  
MIAMI BEACH, FL 33139

U00000262044  
03/14/05-80038-007 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)(f), 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/05 788-866-8823