

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 A
Secretary of State

DOCUMENT # N96000006560

1. Entity Name
SHANE FAMILY FOUNDATION CORPORATION



Principal Place of Business

8301 NW 197 STREET
MIAMI, FL 33015

Mailing Address

8301 NW 197 STREET
MIAMI, FL 33015



03082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0715198

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHEEMA, BALWANT
8301 NW 197 STREET
MIAMI, FL 33015

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME NUSBAUM, IRA
STREET ADDRESS 4101 PINETREE DRIVE
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE VD
NAME SHANE-NUSBAUM, STACEY
STREET ADDRESS 4101 PINETREE DRIVE
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE STD
NAME CHEEMA, BALWANT
STREET ADDRESS 8301 NW 197 ST
CITY-ST-ZIP MIAMI, FL 33015

TITLE P
NAME SHANE, RONALD W
STREET ADDRESS 4101 PINETREE DRIVE 908
CITY-ST-ZIP MIAMI, FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000858607
04/01/08-80053-009 61.25

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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 #

BALWANT CHEEMA