

ANNUAL REPORT (AR)

DOCUMENT # N97000000674

1. Entity Name

GREENBERG FAMILY FOUNDATION, INC.



FILED
Jan 23, 2006 08:00 AM
Secretary of State



Principal Place of Business

18051 BISCAYNE BLVD.
SUITE 802
AVENTURA FL 33160
US

Mailing Address

18051 BISCAYNE BLVD.
SUITE 802
AVENTURA FL 33160
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0745564

Applied For
Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DONOFF, CRAIG
18305 BISCAYNE BLVD.
SUITE 300
AVENTURA FL 33160

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE TSD ☐ Delete
NAME GREENBERG, LOUIS
STREET ADDRESS 18051 BISCAYNE BLVD., SUITE 802
CITY-ST-ZIP AVENTURA FL 33160

TITLE VD ☐ Delete
NAME ARONSTAM, ELLIOTT
STREET ADDRESS 60 E 9TH ST., SUITE 643
CITY-ST-ZIP NEW YORK NY 10003

TITLE PD ☐ Delete
NAME GREENBERG, MARK
STREET ADDRESS 1714 CEDAR ST
CITY-ST-ZIP SANTA MONICA CA 90405

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Louis Greenberg LOUIS GREENBERG SECRETARY 1/23/06

205-932-7164