

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000003073 1. Entity Name LITOWITZ FOUNDATION, INC.	
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Principal Place of Business 11401 BIRD RD., STE. 370 MIAMI, FL 33165	Mailing Address 11401 BIRD RD., STE. 370 MIAMI, FL 33165
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01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0763609	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DANIELS, NICHOLAS M
ONE SE 3RD AVENUE
STE 2400
MIAMI, FL 33131

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000061402 02/23/04-80079-020 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITOWITZ, ROBERT 11401 BIRD RD., STE. 370 MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITOWITZ, DONNA M 11401 BIRD RD., STE. 370 MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITOWITZ, BUDD 11401 BIRD RD., STE. 370 MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITOWITZ, SUSAN 11401 BIRD RD., STE. 370 MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITOWITZ, ARTHUR 11401 BIRD RD., STE. 370 MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 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: Robert Litowitz, Director 2/18/2004 3055525775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____