

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000003198**

1. Entity Name  
**MBM FAMILY FOUNDATION, INC.**



Principal Place of Business

**5104 SW 72ND AVE.  
MIAMI, FL 33155**

Mailing Address

**5104 SW 72ND AVE.  
MIAMI, FL 33155**



02192007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0773843**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BUCHBINDER, MARK  
5104 S W 72ND AVENUE  
MIAMI, FL 33155**

**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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000658042  
03/15/07-80022-005 70.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME BUCHBINDER, MARK  
STREET ADDRESS 5104 SW 72ND AVE.  
CITY-STATE-ZIP MIAMI, FL 33155

TITLE D  
NAME BUCHBINDER, MARJORIE A  
STREET ADDRESS 5104 SW 72ND AVE.  
CITY-STATE-ZIP MIAMI, FL 33155

TITLE D  
NAME CLEIN, LAURA B  
STREET ADDRESS 492 MOUNTAIN AVE  
CITY-STATE-ZIP SONOMA, CA

TITLE D  
NAME PORTMAN, EMILY B  
STREET ADDRESS 2433 NUEZ WAY  
CITY-STATE-ZIP TOPANGA, CA 90290

TITLE D  
NAME BEADLE, ELIZABETH B  
STREET ADDRESS 5104 SW 72 AVENUE  
CITY-STATE-ZIP MIAMI, FL 33155

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**DO NOT WRITE  
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

**MARK BUCHBINDER**

**2/24/07**

Date

Daytime Phone #

**305-669-1350**