

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003198

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: MBM FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

5104 SW 72ND AVE.  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

5104 SW 72ND AVE.  
MIAMI, FL 33155

**New Mailing Address:**

FEI Number: 65-0773843

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BUCHBINDER, MARK  
Address: 5104 SW 72ND AVE.  
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete  
Name: BUCHBINDER, MARJORIE A  
Address: 5104 SW 72ND AVE.  
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete  
Name: CLEIN, LAURA B  
Address: 492 MOUNTAIN AVE  
City-St-Zip: SONOMA, CA

Title: D ( ) Delete  
Name: PORTMAN, EMILY B  
Address: 2433 NUEZ WAY  
City-St-Zip: TOPANGA, CA 90290

Title: D ( ) Delete  
Name: BEADLE, ELIZABETH B  
Address: 5104 SW 72 AVENUE  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK BUCHBINDER

P/D

01/14/2009

Electronic Signature of Signing Officer or Director

Date