

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90005 020 ****70.00

DOCUMENT # N98000001239

1. Entity Name
L. JULES ARKIN FAMILY FOUNDATION, INC.



Principal Place of Business
4200 BISCAYNE BOULEVARD
MIAMI, FL 33137

Mailing Address
4200 BISCAYNE BOULEVARD
MIAMI, FL 33137

DO NOT WRITE IN THIS SPACE

03022006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0817973

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LANDE, STEPHEN C
4200 BISCAYNE BOULEVARD
MIAMI, FL 33137

**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, 2006**

9. Election Campaign Financing
" Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | D |
| NAME | ROSE, ELLEN |
| STREET ADDRESS | 1 SE 3RD AV, #2400 |
| CITY-ST-ZIP | MIAMI, FL 33131 |
| TITLE | D |
| NAME | SOLOMON, JACOB |
| STREET ADDRESS | 4200 BISCAYNE BOULEVARD |
| CITY-ST-ZIP | MIAMI, FL 33137 |
| TITLE | D |
| NAME | ARKIN, SHIRLEY F |
| STREET ADDRESS | 4200 BISCAYNE BLVD |
| CITY-ST-ZIP | MIAMI, FL 33137 |
| TITLE | D |
| NAME | ARKIN, L. JULES |
| STREET ADDRESS | 4200 BISCAYNE BLVD |
| CITY-ST-ZIP | MIAMI, FL 33137 |
| TITLE | DS |
| NAME | LANDE, STEPHEN C |
| STREET ADDRESS | 4200 BISCAYNE BLVD |
| CITY-ST-ZIP | MIAMI, FL 33137 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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

3/9/06

Date

786-866-8623

Daytime Phone #