

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

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P05792

1. Entity Name
THE SAMUEL ABA AND SISEL KLURMAN FOUNDATION, INC.



Principal Place of Business
4000 HOLLYWOOD BLVD #530-N
530N
HOLLYWOOD, FL 33021 US

Mailing Address
4000 HOLLYWOOD BLVD #530-N
530N
HOLLYWOOD, FL 33021 US



04202006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2532272

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARVEY LICHTMAN
%THE KLURMAN FOUNDATION, INC.
4000 HOLLYWOOD BLVD #530N
HOLLYWOOD, FL 33021

**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
PD
NAME
KLURMAN, SISEL
STREET ADDRESS
4000 HOLLYWOOD BLVD 530N
CITY - ST - ZIP
HOLLYWOOD, FL

TITLE
ST
NAME
LICHTMAN, HARVEY
STREET ADDRESS
4000 HOLLYWOOD BLVD 530N
CITY - ST - ZIP
HOLLYWOOD, FL

TITLE
D
NAME
ZIPORA, BEN AVIV
STREET ADDRESS
4000 HOLLYWOOD BLVD., STE. 530N
CITY - ST - ZIP
HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000558307
05/17/06-80090-002 61.25

**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

Date

Daytime Phone #