

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733029

Entity Name: BET BREIRA SAMU-EL OR OLOM, INC.**Current Principal Place of Business:**9400 SW 87 AVENUE
MIAMI, FL 33176**Current Mailing Address:**9400 SW 87 AVENUE
MIAMI, FL 33176**FEI Number:** 59-1629361**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BREITER, RUSSELL
9400 SW 87 AVE
MIAMI, FL 33176 US*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:** RUSSELL BREITER

02/06/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name SOKOLOW-DIAS, CAROL
Address 9400 SW 87 AVE.
City-State-Zip: MIAMI FL 33176

Title IMMEDIATE PAST PRESIDENT
Name BREITER, RUSSELL A
Address 9400 SW 87 AVENUE
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name WEBER, MICHELLE
Address 9400 SW 87 AVENUE
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name SANKO, JILL
Address 9400 SW 87 AVENUE
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name LEVY, JAY
Address 9400 SW 87 AVENUE
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name HELD, GARY
Address 9400 SW 87 AVENUE
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name FARBER, MARK
Address 9400 SW 87 AVENUE
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name KUBLIN, RENA
Address 9400 SW 87 AVENUE
City-State-Zip: MIAMI FL 33176

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: CAROL SOKOLOW-DIAS

TREASURER

02/06/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LEVY, PHILIP
Address 9400 SW 87 AVENUE
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name GIRNUN, ARNIE
Address 9400 SW 87 AVENUE
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name SLOTNICK, MICHAEL
Address 9400 SW 87 AVENUE
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name BURSEN, BETTY
Address 9400 SW 87 AVE
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name LOCKENBACH, DON
Address 9400 SW 87 AVE
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name ASKOWITZ, ANTHONY
Address 9400 SW 87 AVENUE
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name PENCHANSKY, JOE
Address 9400 SW 87 AVENUE
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name SCHIMMEL, LARRY
Address 9400 SW 87 AVE
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name HORNIK, LINDA
Address 9400 SW 87 AVE
City-State-Zip: MIAMI FL 33176