

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759606

**Entity Name:** MARTIN Z. MARGULIES FOUNDATION, INC.

**FILED**  
**Mar 03, 2016**  
**Secretary of State**  
**CC6964926329**

**Current Principal Place of Business:**

445 GRAND BAY DRIVE  
SUITE PH1B  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

445 GRAND BAY DRIVE  
SUITE PH1B  
KEY BISCAYNE, FL 33149 US

**FEI Number: 59-2130476**

**Certificate of Status Desired: No**

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

PIOTRKOWSKI, JOEL SESQ.  
317 71ST STREET  
MIAMI BEACH, FL 33141 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MARGULIES, MARTIN Z.  
Address 445 GRAND BAY DRIVE SUITE PH1B  
City-State-Zip: KEY BISCAYNE FL 33149

Title D  
Name GILMORE, RICHARD  
Address 445 GRAND BAY DRIVE SUITE PH1B  
City-State-Zip: KEY BISCAYNE FL 33149

Title SD  
Name HINDS, KATHERINE  
Address 445 GRAND BAY DRIVE SUITE PH1B  
City-State-Zip: KEY BISCAYNE FL 33149

Title D  
Name MARGULIES, DAVID  
Address 445 GRAND BAY DRIVE, SUITE PH1B  
City-State-Zip: KEY BISCAYNE FL 33149

*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: MARTIN MARGULIES**

**MEMBER**

**03/03/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date