2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2019
Secretary of State
1034290974CC

DOCUMENT# 760583

Entity Name: SFPBS FOUNDATION, INC.

Current Principal Place of Business:

14901 NE 20TH AVENUE
MIAMI, FL 33181-1121

Current Mailing Address:

C/O DOLORES SUKHDEO
P.O. BOX 610002
MIAMI, FL 33261-0002 US

FEI Number: 59-2141826

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SUKHDEO, DOLORES
14901 NE 20TH AVE.
MIAMI, FL 33181-1121 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: DOLORES SUKHDEO 02/19/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CEO
Name	SUKHDEO, DOLORES
Address	14901 NE 20TH AVE
City-State-Zip:	MIAMI FL 33181

Title	SECRETARY
Name	SOCIAS, PEGGY
Address	14901 NE 20TH AVE
City-State-Zip:	MIAMI FL 33181

Title	CHAIRMAN
Name	BERMONT, PETER L
Address	14901 NE 20TH AVENUE
City-State-Zip:	MIAMI FL 33181-1121

Title	DIRECTOR
Name	DIMARE, PAUL J SR.
Address	14901 NE 20TH AVENUE
City-State-Zip:	MIAMI FL 33181-1121

Title	CFO
Name	OLMO, PAMELA
Address	14901 NE 20TH AVE
City-State-Zip:	MIAMI FL 33181

Title	DIRECTOR
Name	SILVERS, LAURIE
Address	14901 NE 20TH AVENUE
City-State-Zip:	MIAMI FL 33181-1121

Title	DIRECTOR
Name	BOLOTIN, IRVING
Address	14901 NE 20TH AVENUE
City-State-Zip:	MIAMI FL 33181-1121

Title	DIRECTOR
Name	GOLDMAN, HARVEY A
Address	14901 NE 20TH AVENUE
City-State-Zip:	MIAMI FL 33181-1121

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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: PAMELA OLMO CFO 02/19/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	PRATHER, DAVID C
Address	14901 NE 20TH AVENUE
City-State-Zip:	MIAMI FL 33181-1121

Title	DIRECTOR
Name	KESSLER, MICHELE
Address	14901 NE 20TH AVENUE
City-State-Zip:	MIAMI FL 33181-1121

Title	DIRECTOR
Name	JAFFE, DAVID L
Address	14901 NE 20TH AVENUE
City-State-Zip:	MIAMI FL 33181-1121