

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06819

**Entity Name:** THE LURIA FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

2669 SOUTH BAYSHORE DR.  
APT. 301N  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

2669 SOUTH BAYSHORE DR.  
APT. 301N  
COCONUT GROVE, FL 33133 US

**FEI Number:** 59-2477088

**Certificate of Status Desired:** No

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

BLAIR, LAURENCE I  
2255 GLADES ROAD  
SUITE 400E  
BOCA RATON, FL 33431 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 DP  
Name LURIA, GLORIA  
Address 2669 SOUTH BAYSHORE DR.  
APT. 301N  
City-State-Zip: COCONUT GROVE FL 33133

Title DS  
Name LURIA, PETER  
Address 1800 WEST 23 STREET  
City-State-Zip: MIAMI BEACH FL 33140

Title DT  
Name LURIA COHEN, NANCY  
Address 2669 SOUTH BAYSHORE DRIVE  
APT. 301N  
City-State-Zip: COCONUT GROVE FL 33133

*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:** GLORIA LURIA

DP

02/08/2019

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

\_\_\_\_\_  
Date