

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008335

Entity Name: THE BET BREIRA SAMU-EL OR OLOM SUPPORTING ORGANIZATION, INC.**FILED**
May 30, 2017
Secretary of State
CC1936016670**Current Principal Place of Business:**1541 SUNSET DRIVE
ATTN MITCHEL HORWICH SUITE 202
CORAL GABLES, FL 33143**Current Mailing Address:**1541 SUNSET DRIVE
ATTN MITCHEL HORWICH SUITE 202
CORAL GABLES, FL 33143 US**FEI Number: 27-0805304****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FINE, MARC J.
10820 SW 138 STREET
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: MARC J. FINE****05/30/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title D
Name FINE, MARC
Address 9400 SW 87TH AVE.
City-State-Zip: MIAMI FL 33176Title D
Name HORWICH, MITCHELL
Address 1541 SUNSET DRIVE
ATTN MITCHEL HORWICH SUITE 202
City-State-Zip: CORAL GABLES FL 33143Title D
Name HOCHSTETTER, BILL
Address 1081 EAGLES WATCH TRAIL
City-State-Zip: WINTER SPRINGS FL 32708Title D
Name FOX, IRA
Address 1541 SUNSET DRIVE
ATTN MITCHEL HORWICH SUITE 202
City-State-Zip: CORAL GABLES FL 33143Title BOARD MEMBER
Name REAMER, JEFF
Address 1541 SUNSET DRIVE
ATTN MITCHEL HORWICH SUITE 202
City-State-Zip: CORAL GABLES FL 33143Title BOARD MEMBER
Name WASSERSTROM, CAROLYN
Address 1541 SUNSET DRIVE
ATTN MITCHEL HORWICH SUITE 202
City-State-Zip: CORAL GABLES FL 33143

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: BILL HOCHSTETTER**BOARD MEMBER****05/30/2017**

Electronic Signature of Signing Officer/Director Detail

Date