

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000004012

**Entity Name:** SAMUEL I. ADLER FAMILY SUPPORTING FOUNDATION, INC.

**FILED**  
**Apr 27, 2022**  
**Secretary of State**  
**3936656461CC**

**Current Principal Place of Business:**

4200 BISCAYNE BLVD.  
MIAMI, FL 33137

**Current Mailing Address:**

4200 BISCAYNE BLVD.  
MIAMI, FL 33137 US

**FEI Number: 65-0688643**

**Certificate of Status Desired: Yes**

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

OKSANA, CARDINI  
4200 BISCAYNE BLVD  
MIAMI, FL 33137 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:** OKSANA CARDINI

04/27/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DT  
Name SOLOMON, JACOB  
Address 4200 BISCAYNE BLVD.  
City-State-Zip: MIAMI FL 33137

Title DS  
Name SCOTT, KAPLAN  
Address 4200 BISCAYNE BLVD.  
City-State-Zip: MIAMI FL 33137

Title D  
Name PODHURST, AARON  
Address SUNTRUST INTERNATIONAL CENTER  
ONE S.E. 3RD AVENUE SUITE 2700  
City-State-Zip: MIAMI FL 33131

Title D  
Name OREN, NEDRA  
Address 3526 BAYSHORE VILLAGE DRIVE  
City-State-Zip: COCONUT GROVE FL 33133

Title D  
Name ADLER, SARA  
Address 1400 NW 107TH AVE.  
5TH FLOOR  
City-State-Zip: MIAMI FL 33172

Title D  
Name GREENWALD, KAREN ADLER  
Address 700 PARK AVE.  
APT. 8C  
City-State-Zip: NEW YORK NY 10021

*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:** SCOTT KAPLAN

**SECRETARY**

04/27/2022

Electronic Signature of Signing Officer/Director Detail

Date