

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000004012

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

**FILED**  
**Jan 28, 2013**  
**Secretary of State**  
**CC7600499390**

**Current Principal Place of Business:**

4200 BISCAYNE BLVD.  
MIAMI, FL 33137

**Current Mailing Address:**

4200 BISCAYNE BLVD.  
MIAMI, FL 33137

**FEI Number: 65-0688643**

**Certificate of Status Desired: Yes**

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

LANDE, STEPHEN C  
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:** \_\_\_\_\_

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 LANDE, STEPHEN C  
Address 4200 BISCAYNE BLVD.  
City-State-Zip: MIAMI FL 33137

Title D  
Name PODHURST, AARON  
Address 25 WEST FLAGLER STREET, SUITE  
800  
City-State-Zip: MIAMI FL 33130

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

Title D  
Name MILLER, LEONARD  
Address 4200 BISCAYNE BLVD.  
City-State-Zip: MIAMI FL 33137

Title SO  
Name ADLER, BERNYCE  
Address 4200 BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33137

*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: STEPHEN C LANDE**

**FOUNDATION DIRECTOR 01/28/2013**

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

\_\_\_\_\_  
Date