

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004012

FILED
Jan 24, 2017
Secretary of State
CC1566204145

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

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 SUNLIFE 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 SO
Name ADLER, BERNYCE
Address 10 EDGEWATER DRIVE
APT. 9C
City-State-Zip: CORAL GABLES FL 33133

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

Title D
Name ADLER, MICHAEL
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: STEPHEN C. LANDE

SECRETARY

01/24/2017

Electronic Signature of Signing Officer/Director Detail

Date