

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000006088

**FILED**  
**Jan 11, 2024**  
**Secretary of State**  
**1340172301CC**

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

**Current Principal Place of Business:**

2811 S. BAYSHORE DRIVE  
UNIT 9A  
MIAMI, FL 33133

**Current Mailing Address:**

2811 S. BAYSHORE DRIVE  
UNIT 9A  
MIAMI, FL 33133 US

**FEI Number:** 65-0717960

**Certificate of Status Desired:** No

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

SOLOMON, SARA PRESIDENT  
2811 S. BAYSHORE DRIVE  
UNIT 9A  
MIAMI, FL 33133 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:** SARA SOLOMON

01/11/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DPTS  
Name SOLOMON, SARA  
Address 2811 S. BAYSHORE DRIVE  
UNIT 9A  
City-State-Zip: MIAMI FL 33133

Title DVP  
Name SOLOMON, SARA  
Address 2811 S. BAYSHORE DRIVE  
UNIT 9A  
City-State-Zip: MIAMI FL 33133

Title VPD  
Name SOLOMON, SEBASTIAN D.  
Address 2811 S. BAYSHORE DRIVE  
UNIT 9A  
City-State-Zip: MIAMI FL 33133

Title VP  
Name SOLOMON, ILONA C  
Address 2811 S. BAYSHORE DRIVE  
UNIT 9A  
City-State-Zip: MIAMI 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:** SARA SOLOMON

**PRESIDENT**

01/11/2024

Electronic Signature of Signing Officer/Director Detail

Date