

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000002502

**FILED**  
**Jan 30, 2014**  
**Secretary of State**  
**CC9537260382**

**Entity Name:** JEWISH MUSEUM OF FLORIDA PROPERTIES, INC.

**Current Principal Place of Business:**

301 WASHINGTON AVENUE  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

301 WASHINGTON AVENUE  
MIAMI BEACH, FL 33139 US

**FEI Number: 65-1003091**

**Certificate of Status Desired: Yes**

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

SIMON, GARY P  
9500 SO. DADELAND BLVD.  
SUITE 708  
MIAMI, FL 33156 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            D  
Name            GILLER, IRA  
Address        301 WASHINGTON AVENUE  
City-State-Zip: MIAMI BEACH FL 33139

Title            D  
Name            LEVINE, NORMAN  
Address        301 WASHINGTON AVENUE  
City-State-Zip: MIAMI BEACH FL 33139

*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: IRA GILLER**

**DIRECTOR**

**01/30/2014**

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

\_\_\_\_\_  
Date