

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008225

FILED  
Jan 25, 2010  
Secretary of State

**Entity Name:** KATZMAN FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

3872 NE 199 TERRACE  
AVENTURA, FL 33180

**New Principal Place of Business:**

1696 NE MIAMI GARDENS DR.  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

1696 NE MIAMI GARDEN DRIVE  
NORTH MIAMI BEACH, FL 33179

**New Mailing Address:**

1696 NE MIAMI GARDENS DR.  
NORTH MIAMI BEACH, FL 33179

FEI Number: 20-0255604

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: KATZMAN, CHAIM  
Address: 3872 NE 199 TERRACE  
City-St-Zip: AVENTURA, FL 33180

Title: DVPT  
Name: KATZMAN, SHULAMIT  
Address: 3872 NE 199 TERRACE  
City-St-Zip: AVENTURA, FL 33180

Title: D  
Name: GOZLAN, MAURICE  
Address: 6196 NW 11TH ST.  
City-St-Zip: SUNRISE, FL 33313

Title: D  
Name: KATZMAN, ABIGAIL  
Address: 3872 NE 199 TERRACE  
City-St-Zip: AVENTURA, FL 33180

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: MAURICE GOZLAN

D

01/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date