

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000008225

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

**Current Principal Place of Business:**

19575 COLLINS AVE, UNIT 35  
SUNNY ISLES BEACH , FL 33160

**Current Mailing Address:**

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

**FEI Number: 20-0255604**

**Certificate of Status Desired: No**

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           DPS  
Name           KATZMAN, CHAIM  
Address        3872 NE 199 TERRACE  
City-State-Zip: AVENTURA FL 33180

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

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

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

Title           DIRECTOR  
Name           KATZMAN, BAT AMI  
Address        3872 NE 199TERRACE  
City-State-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: CHAIM KATZMAN**

**DPS**

**01/13/2023**

Electronic Signature of Signing Officer/Director Detail

Date