2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT	
DOCUMENT# N03000008225	

Entity Name: DR. SHULAMIT & CHAIM KATZMAN FOUNDATION, INC.

#### **Current Principal Place of Business:**

3872 NE 199 TERRACE AVENTURA, FL 33180

### **Current Mailing Address:**

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

## FEI Number: 20-0255604

### Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

## Certificate of Status Desired: No

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

## **Officer/Director Detail :**

Title	DPS	Title	DVPT
Name	KATZMAN, CHAIM	Name	KATZMAN, ABIGAIL
Address	3872 NE 199 TERRACE	Address	3872 NE 199 TERRACE
City-State-Zip:	AVENTURA FL 33180	City-State-Zip:	AVENTURA FL 33180
Title	D	Title	D
Name	GOZLAN, MAURICE	Name	KATZMAN, EVRONA
Address	6196 NW 11TH ST.	Address	3872 NE 199 TERRACE
City-State-Zip:	SUNRISE FL 33313	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

02/03/2016

Date

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Feb 03, 2016 Secretary of State CC2423083888