

**2017 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

**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

04/12/2017

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

\_\_\_\_\_  
Date