

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

DOCUMENT# N06000009414

**Entity Name:** ABI KATTEL MEMORIAL FOUNDATION, INC.

**Current Principal Place of Business:**

12197 SUNSET POINT CIRCLE  
WELLINGTON, FL 33414

**Current Mailing Address:**

12197 SUNSET POINT CIRCLE  
WELLINGTON, FL 33414

**FEI Number:** 20-5592667

**Certificate of Status Desired:** No

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

KATTEL, BIJAYA  
12197 SUNSET POINT CIRCLE  
WELLINGTON, FL 33414 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            PRESIDENT  
Name            KATTEL, ARCHANA PHD  
Address        12197 SUNSET CIRCLE  
City-State-Zip: WELLINGTON FL 33414

Title            VICE-PRESIDENT  
Name            KATTEL, BIJAYA PHD  
Address        12197 SUNSET CIRCLE  
City-State-Zip: WELLINGTON FL 33414

Title            TREASURER  
Name            KATTEL, AJAY  
Address        17086 E. DORADO CIR.  
City-State-Zip: CENTENNIAL CO 80015

Title            DIRECTOR  
Name            LAMSAL, RUKMINI  
Address        1368 MALLARD LANDING BLVD. N.  
City-State-Zip: JACKSONVILLE FL 32259

Title            SECRETARY  
Name            KATTEL, KATE M  
Address        17086 E. DORADO CIR.  
City-State-Zip: CENTENNAIL CO 80015

Title            DIRECTOR  
Name            STHAPIT, GYANU  
Address        4973 SW 168TH AVE  
City-State-Zip: MIRAMAR FL 33027

Title            DIRECTOR  
Name            SHARMA, USHA  
Address        6948 W. GOULD WAY  
City-State-Zip: LITTLETON CO 80123

*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:** BIJAYA KATTEL

VP

01/26/2023

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

\_\_\_\_\_  
Date