

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006661

**Entity Name:** NTMINFO & RESEARCH, INC.**Current Principal Place of Business:**1550 MADRUGA AVENUE  
SUITE 230  
CORAL GABLES, FL 33146**Current Mailing Address:**1550 MADRUGA AVENUE  
SUITE 230  
CORAL GABLES, FL 33146**FEI Number:** 20-0156638**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LEITMAN, PHILIP  
1550 MADRUGA AVE STE 230  
CORAL GABLES, FL 33146 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	DIRECTOR
Name	LEITMAN, PHILIP
Address	1550 MADRUGA AVENUE SUITE 230
City-State-Zip:	MIAMI FL 33143
Title	BOARD CHAIR
Name	KAZANJIAN, CONNIE
Address	10350 W BAY HARBOR DRIVE
City-State-Zip:	BAY HARBOR ISLANDS FL 33154
Title	DIRECTOR
Name	ZELEDON, SONIA
Address	15622 SW 51 TERRACE
City-State-Zip:	MIAMI FL

Title	TREASURER
Name	ZIMNY, JAMES
Address	1550 MADRUGA AVENUE SUITE 230
City-State-Zip:	CORAL GABLES FL 33146
Title	DIRECTOR
Name	GLAESER, ELIZABETH
Address	167 EAST 67TH STREET
City-State-Zip:	NEW YORK NY 10021
Title	DIRECTOR
Name	BRESLAWSKY, DEBBIE
Address	48985 VISTA ESTRELLA
City-State-Zip:	LA QUINTA CA 92253

*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:** PHILIP LEITMAN**DIRECTOR****01/15/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date