## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006661

Entity Name: NTMINFO & RESEARCH, INC.

**FILED** Jan 16, 2013 **Secretary of State** CC1625261480

# **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:

**DIRECTOR** Title Title **TREASURER** LEITMAN, PHILIP LEITMAN, FERN Name Name

Address 1550 MADRUGA AVENUE Address 1550 MADRUGA AVENUE SUITE 230

SUITE 230

MIAMI FL 33143 CORAL GABLES FL 33146 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **BOARD CHAIR** Name KAZANJIAN, CONNIE Name CHERRNAY, AMY 10350 W BAY HARBOR DRIVE 2806 LAKE BROOK CT Address Address

City-State-Zip: BAY HARBOR ISLANDS FL 33154 HIGHLAND VILLAGE TX 75077 City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name GLAESER, ELIZABETH ALLYN, MARY Name Address 167 EAST 67TH STREET Address 700 JOHN RINGLING BLVD. City-State-Zip: NEW YORK NY 10021 City-State-Zip: SARASOTA FL 34236

Title **DIRECTOR** 

Name ISEMAN, MICHAEL DR. Address 1400 JACKSON STREET City-State-Zip: DENVER CO 80260

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.

01/16/2013 SIGNATURE: PHILIP LEITMAN D