

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008225

Entity Name: THE KATZMAN FAMILY FOUNDATION, INC.**Current Principal Place of Business:**19575 COLLINS AVE, UNIT 35
SUNNY ISLES BEACH , FL 33160**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 33180Title D
Name GOZLAN, MAURICE
Address 6196 NW 11TH ST.
City-State-Zip: SUNRISE FL 33313Title DIRECTOR
Name KATZMAN, BAT AMI
Address 3872 NE 199TERRACE
City-State-Zip: AVENTURA FL 33180Title DVPT
Name KATZMAN, ABIGAIL
Address 3872 NE 199 TERRACE
City-State-Zip: AVENTURA FL 33180Title D
Name KATZMAN, EVRONA
Address 3872 NE 199 TERRACE
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

MANAGER

03/24/2021

Electronic Signature of Signing Officer/Director Detail_____
Date