

2022 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

01/06/2022

Electronic Signature of Signing Officer/Director Detail_____
Date