

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005553

**Entity Name:** ARIELLE TEPPER MADOVER FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

JANOVER LLC  
100 QUENTIN ROOSEVELT BLVD SUITE 516  
GARDEN CITY, NY 11530

**Current Mailing Address:**

JANOVER LLC  
100 QUENTIN ROOSEVELT BLVD SUITE 516  
GARDEN CITY, NY 11530 US

**FEI Number:** 65-0454051

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            TEPPER , ARIELLE  
Address        1501 BROADWAY, STE 1301  
City-State-Zip: NEW YORK NY 10036

Title            VP  
Name            LIPSHER, MEREDITH  
Address        21 EAST 90TH STREET  
                    7A  
City-State-Zip: NEW YORK NY 10128

Title            SECRETARY  
Name            WASSER, MARTIN B  
Address        C/O PHILLIP NIZER LLP  
                    485 LEXINGTON AVENUE  
City-State-Zip: NEW YORK NY 10017

*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:** ARIELLE TEPPER

**PRESIDENT**

**01/29/2021**

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

\_\_\_\_\_  
Date