

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767440

**FILED**  
**Feb 06, 2020**  
**Secretary of State**  
**2366486434CC**

**Entity Name:** CVE MASTER MANAGEMENT COMPANY, INC.

**Current Principal Place of Business:**

3501 WEST DRIVE  
DEERFIELD BCH, FL 33442-2085

**Current Mailing Address:**

3501 WEST DRIVE  
DEERFIELD BCH, FL 33442-2085 US

**FEI Number:** 59-2288465

**Certificate of Status Desired:** Yes

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

BENSON MUCCI & WEISS PL  
5561 NORTH UNIVERSITY DRIVE  
102  
CORAL SPRINGS, FL 33067 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:** MARK S. MUCCI

02/06/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name GOLDMAN, GENE  
Address 353 GRANTHAM C  
City-State-Zip: DEERFIELD BCH FL 33442-2085

Title DIRECTOR  
Name ROBOZ, JOE  
Address 2017 ISLEWOOD D  
City-State-Zip: DEERFIELD BCH FL 33442-2085

Title 2ND VICE PRESIDENT  
Name LALIBERTE', PIERRE  
Address 39 HARWOOD B  
City-State-Zip: DEERFIELD BCH FL 33442-2085

Title SECRETARY  
Name CIOCCA, DICK  
Address 1049 BERKSHIRE C  
City-State-Zip: DEERFIELD BCH FL 33442-2085

Title DIRECTOR  
Name ROUTBURG, MICHAEL  
Address 111 UPMINSTER E  
City-State-Zip: DEERFIELD BCH FL 33442-2085

Title 1ST VICE PRESIDENT  
Name WARHOFTIG, BARRY  
Address 225 FARNHAM J  
City-State-Zip: DEERFIELD BCH FL 33442-2085

Title PRESIDENT  
Name OKUN, ELI  
Address 2041 BERKSHIRE C  
City-State-Zip: DEERFIELD BEACH FL 33442-2085

Title TREASURER  
Name MANEY, H JOSEPH  
Address 73 FARNHAM D  
City-State-Zip: DEERFIELD BEACH FL 33442-2085

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*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:** ELI OKUN

PRESIDENT

02/06/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            BIDOL-PADVA, PATRICIA ANN  
Address        4028 ELLESMERE B  
City-State-Zip: DEERFIELD BEACH FL 33442