

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13631

Entity Name: TRANSFLORIDA OFFICE BUILDING, INC.**Current Principal Place of Business:**C/O MIAMI MANAGEMENT, INC.
1145 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323**Current Mailing Address:**C/O MIAMI MANAGEMENT
1145 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323 US**FEI Number:** 59-2652652**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STRALEY & OTTO, P.A.
2699 STIRLING ROAD
STE C-207
FORT LAUDERDALE, FL 33312 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:** STEPHEN J. STRALEY

01/06/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	HOLCOMBE, JOSEPH
Address	C/O MIAMI MANAGEMENT 1145 SAWGRASS CORPORATE PARKWAY
City-State-Zip:	SUNRISE FL 33323
Title	PRESIDENT
Name	ASAD, ISSA
Address	C/O MIAMI MANAGEMENT 1145 SAWGRASS CORPORATE PARKWAY
City-State-Zip:	SUNRISE FL 33323

Title	TREASURER
Name	SALYERS, PHILIP
Address	C/O MIAMI MANAGEMENT 1145 SAWGRASS CORPORATE PARKWAY
City-State-Zip:	SUNRISE FL 33323
Title	DIRECTOR
Name	ASAD, NOHA
Address	C/O MIAMI MANAGEMENT 1145 SAWGRASS CORPORATE PARKWAY
City-State-Zip:	SUNRISE FL 33323

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: ISSA ASAD

PRES

01/06/2017

Electronic Signature of Signing Officer/Director Detail

Date