

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000009177

Entity Name: BOOKLEGGERS LIBRARY INC.**Current Principal Place of Business:**561 NW 32 ST
CLASSROOM
MIAMI, FL 33127**Current Mailing Address:**561 NW 32 ST
CLASSROOM
MIAMI, FL 33127 US**FEI Number:** 47-2009293**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SANDLER, NATHANIEL T
1900 MERIDIAN AVENUE
#401
MIAMI BEACH, FL 33139 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, CEO
Name SANDLER, NATHANIEL
Address 1900 MERIDIAN AVENUE #401
City-State-Zip: MIAMI BEACH FL 33139

Title TREASURER, SECRETARY,
DIRECTOR
Name SANDLER, MATTHEW F
Address 306 W. 105 ST
#1
City-State-Zip: NEW YORK NY 10025

Title DIRECTOR
Name CUNNINGHAM, P SCOTT
Address 1032 NE 98 STREET
City-State-Zip: MIAMI SHORES FL 33138

Title DIRECTOR
Name ASLAM, ZAIN
Address 590 MINNESOTA ST
#227
City-State-Zip: SAN FRANCISCO CA 94107

Title VP, DIRECTOR
Name STEINMAN, JASON L ESQ.
Address 213 E SHERIDAN STREET
SUITE 2
City-State-Zip: FORT LAUDERDALE FL 33004

Title DIRECTOR
Name FAVRETTO, CRISTINA
Address 2345 SW 58 AVENUE
City-State-Zip: MIAMI FL 33155

Title DIRECTOR
Name ABESS, MATTHEW
Address 100 SE 32 ROAD
City-State-Zip: MIAMI FL 33129

Title DIRECTOR
Name POLISSAINT, MICHELLE LISA
Address 561 NW 32 STREET
STUDIO 40
City-State-Zip: MIAMI FL 33127

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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: NATHANIEL SANDLER

DIRECTOR

01/30/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MONZÓN, LAUREN
Address	1085 99TH ST APT.4
City-State-Zip:	MIAMI BEACH FL 33154