

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50473

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC4822535382**

**Entity Name:** ASSOCIATION OF SOUTH FLORIDA MEDIATORS & ARBITRATORS, INC.

**Current Principal Place of Business:**

C/O JEROME R. SIEGEL, P.A.  
700 E. ATLANTIC BLVD 205  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

C/O JEROME R. SIEGEL, P.A.  
700 E. ATLANTIC BLVD 205  
POMPANO BEACH, FL 33060 US

**FEI Number:** 65-0355827

**Certificate of Status Desired:** No

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

FISCHLER, MICHAEL A.  
1000 SOUTH ANDREWS AVENUE  
FT. LAUDERDALE, FL 33316 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            PRE  
Name            JULIA-MILES, ISABEL  
Address        370 W. CAMINO GARDENS BLVD.,  
                  STE300  
City-State-Zip: BOCA RATON FL 33432

Title            TD  
Name            SIEGEL, JEROME R  
Address        700 E. ATLANTIC BLVD.  
                  SUITE 205  
City-State-Zip: POMPANO BEACH FL 33060

*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: JEROME SIEGEL**

**TREASURER**

**01/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date