

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 232957

**Entity Name:** TIFFANY APTS., INC.

**Current Principal Place of Business:**

1504 S SURF ROAD  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

1504 S SURF ROAD  
HOLLYWOOD, FL 33019 US

**FEI Number:** 59-0934571

**Certificate of Status Desired:** No

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

GLAZER & SACHS PA  
ONE EMERALD PLACE  
3113 STIRLING RD. SUITE 201  
FT. 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SALOMONE, JESSE  
Address        1504 S. SURF RD  
                  APT #49  
City-State-Zip: HOLLYWOOD FL 33019

Title            VP  
Name            OSBAND, SANFORD  
Address        3811 FARRAGUT STREET  
City-State-Zip: HOLLYWOOD FL 33021

Title            S  
Name            HEANEY, LORETTA  
Address        1504 S SURF ROAD  
                  APT 27  
City-State-Zip: HOLLYWOOD FL 33019

Title            ASSISTANT SECRETARY  
Name            BAUMAN, SANDRA  
Address        1504 S SURF ROAD  
                  APT 31  
City-State-Zip: HOLLYWOOD FL 33019

Title            T  
Name            PARADELA, SOMNIA  
Address        1504 S SURF ROAD  
                  APT 28  
City-State-Zip: HOLLYWOOD FL 33019

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SOMNIA PARADELA

**TREASURER**

**03/03/2023**

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

\_\_\_\_\_  
Date