

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 302039

**Entity Name:** LERMAN & LERMAN, P.A.

**Current Principal Place of Business:**

19790 WEST DIXIE HWY  
PH 2  
AVENTURA, FL 33180

**Current Mailing Address:**

19790 WEST DIXIE HWY  
PH 2  
AVENTURA, FL 33180 US

**FEI Number:** 59-1114777

**Certificate of Status Desired:** No

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

LERMAN, JORGE  
19790 WEST DIXIE HWY  
PH 2  
AVENTURA, FL 33180 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 PSD  
Name LERMAN, JORGE  
Address 19790 WEST DIXIE HWY  
PH 2  
City-State-Zip: AVENTURA FL 33180

Title VP  
Name LERMAN, BENJAMIN W  
Address 19790 WEST DIXIE HWY  
PH 2  
City-State-Zip: AVENTURA FL 33180

Title TREASURER  
Name LERMAN, RENEE  
Address 19790 WEST DIXIE HWY  
PH 2  
City-State-Zip: AVENTURA FL 33180

Title VP  
Name LERMAN GREENE, STACY  
Address 19790 WEST DIXIE HWY  
PH 2  
City-State-Zip: AVENTURA FL 33180

*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:** JORGE LERMAN

**PRESIDENT**

**01/19/2023**

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

\_\_\_\_\_  
Date