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.

VP

SIGNATURE: IAN SCHENKMAN

Electronic Signature of Signing Officer/Director Detail

2019 FLORIDA PROFIT CORPORATION ANNUAL REPOR	Γ

DOCUMENT# 367193

Entity Name: OLD BRIDGE PARK CORPORATION

Current Principal Place of Business:

5195 NW 77 AVE MIAMI, FL 33166

Current Mailing Address:

5195 NW 77 AVE MIAMI, FL 33166

FEI Number: 59-1353499

Name and Address of Current Registered Agent:

HECHTKOPF, LARA S 5195 NW 77 AVE MIAMI, FL 33166 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	E: LARA HECHTKOPF			01/11/2019
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	CEOP	Title	ST	
Name	SCHENKMAN, JOEL	Name	SCHENKMAN, RANDY	
Address	5195 NW 77 AVE	Address	5195 NW 77 AVE	
City-State-Zip:	MIAMI FL 33166	City-State-Zip:	MIAMI FL 33166	
Title	VP	Title	VP	
Name	SCHENKMAN, LARA ESQ	Name	SCHENKMAN, IAN	
Address	5195 NW 77 AVE	Address	5195 NW 77 AVE	
City-State-Zip:	MIAMI FL 33166	City-State-Zip:	MIAMI FL 33166	

Certificate of Status Desired: No

01/11/2019

Date

FILED Jan 11, 2019 Secretary of State 1025796921CC

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