

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601054

Entity Name: GERSON, PRESTON, KLEIN, LIPS, EISENBERG & GELBER, P.A.**FILED**
Jan 16, 2020
Secretary of State
0300704633CC**Current Principal Place of Business:**4770 BISCAYNE BOULEVARD
SUITE 400
MIAMI , FL 33137**Current Mailing Address:**4770 BISCAYNE BOULEVARD
SUITE 400
MIAMI , FL 33137 US**FEI Number: 59-1262947****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LIPS, ALAN A
4770 BISCAYNE BOULEVARD
SUITE 400
MIAMI , FL 33137 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	C
Name	PRESTON, RICHARD C
Address	4770 BISCAYNE BOULEVARD SUITE 400
City-State-Zip:	MIAMI FL 33137

Title	CEO
Name	KLEIN, STEVEN F
Address	4770 BISCAYNE BOULEVARD SUITE 400
City-State-Zip:	MIAMI FL 33137

Title	CEO
Name	LIPS, ALAN A
Address	4770 BISCAYNE BOULEVARD SUITE 400
City-State-Zip:	MIAMI FL 33141

Title	TS
Name	EISENBERG, DOROTHY
Address	4770 BISCAYNE BOULEVARD SUITE 400
City-State-Zip:	MIAMI FL 33137

Title	D
Name	GERSON, GARY R
Address	4770 BISCAYNE BOULEVARD SUITE 400
City-State-Zip:	MIAMI FL 33137

Title	VPS
Name	PRESTON, RICHARD C
Address	4770 BISCAYNE BOULEVARD SUITE 400
City-State-Zip:	MIAMI FL 33137

Title	PARTNER
Name	GELBER, CLIFFORD S
Address	4770 BISCAYNE BLVD. SUITE 400
City-State-Zip:	MIAMI FL 33137

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: STEVEN F. KLEIN**MANAGING PARTNER****01/16/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date