# 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.

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: IRA ALWEISS

Electronic Signature of Signing Officer/Director Detail

DVP

#### 03/12/2015

B/12/20 Date

Date

# 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# F20075

Entity Name: ALWEISS MANAGEMENT SERVICES, INC.

# **Current Principal Place of Business:**

1920 HALLANDALE BEACH BLVD SUITE 602 HALLANDALE, FL 33009

# **Current Mailing Address:**

P.O. BOX 661169 MIAMI SPRINGS, FL 33166 US

# FEI Number: 59-2255777

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

1920 HALLANDALE BEACH BLVD

ALWEISS, IRA 1920 HALLANDALE BEACH BLVD #602 HALLANDALE, FL 33009 US

**Officer/Director Detail :** 

DVP

ALWEISS, IRA

City-State-Zip: HALLANDALE FL 33009

SIGNATURE:

Title

Name

Address

FILED Mar 12, 2015 Secretary of State CC4228251641

Certificate of Status Desired: No

TitleTDNameALWEISS, ALANAddress1920 HALLANDALE BEACH BLVDCity-State-Zip:HALLANDALE FL 33009