#### 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: NEAL A. ROTH PRESIDENT

Electronic Signature of Signing Officer/Director Detail

# 2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H66307

# Entity Name: GROSSMAN ROTH YAFFA COHEN, P.A.

## **Current Principal Place of Business:**

2525 PONCE DE LEON BLVD. **SUITE 1150** CORAL GABLES, FL 33134

### **Current Mailing Address:**

2525 PONCE DE LEON BLVD. **SUITE 1150** CORAL GABLES, FL 33134

### FEI Number: 59-2560342

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

Electronic Signature of Registered Agent

ROTH, NEAL A 2525 PONCE DE LEON BLVD. **SUITE 1150** CORAL GABLES, FL 33134 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:

#### Officer/Director Detail ·

Officer/Director Detail :			
Title	PD	Title	VP
Name	ROTH, NEAL A.	Name	GROSSMAN, STUART Z.
Address	2525 PONCE DE LEON BLVD - 1150	Address	2525 PONCE DE LEON BLVD - 1150
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

### FILED Feb 01, 2023 Secretary of State 2122383008CC

Certificate of Status Desired: No

02/01/2023

Date

Date