

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J46198

**Entity Name:** MICHAEL GOLDBERG, P.A.

**Current Principal Place of Business:**

MICHAEL GOLDBERG  
16855 NE 2ND AVE., SUITE 303  
N. MIAMI BEACH, FL 33162

**Current Mailing Address:**

MICHAEL GOLDBERG  
16855 NE 2ND AVE., SUITE 303  
N. MIAMI BEACH, FL 33162

**FEI Number:** 59-2746511

**Certificate of Status Desired:** No

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

GOLDBERG, MICHAEL  
16855 NE 2ND AVE., SUITE 303  
N. MIAMI BEACH, FL 33162 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           | PD                         |
| Name            | GOLDBERG, MICHAEL          |
| Address         | 16855 NE 2ND AVE., #303    |
| City-State-Zip: | N. MIAMI BEACH FL          |
| Title           | S                          |
| Name            | ALWEISS, JEN               |
| Address         | 16855 NE 2ND AVE SUITE 303 |
| City-State-Zip: | NORTH MIAMI BEACH FL 33162 |

|                 |                            |
|-----------------|----------------------------|
| Title           | S                          |
| Name            | GOLDBERG, ROBIN            |
| Address         | 16855 NE 2ND AVE # 303     |
| City-State-Zip: | MIAMI FL 33162             |
| Title           | T                          |
| Name            | GOLDBERG, SCOTT            |
| Address         | 16855 NE 2ND AVE SUITE 303 |
| City-State-Zip: | NORTH MIAMI BEACH FL 33162 |

*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:** GOLDBERG, MICHAEL

PD

03/17/2020

Electronic Signature of Signing Officer/Director Detail

Date