

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000050674

**Entity Name:** EVENSKY & KATZ, INC.

**Current Principal Place of Business:**

4000 PONCE DE LEON BLVD  
SUITE 850  
CORAL GABLES, FL 33146

**Current Mailing Address:**

4000 PONCE DE LEON BLVD  
SUITE 850  
CORAL GABLES, FL 33146 US

**FEI Number:** 65-1020240

**Certificate of Status Desired:** No

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

CORPORATION COMPANY OF MIAMI  
201 S BISCAYNE BLVD, 1600 MIAMI CENTER  
MIAMI, FL 33131 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 EVENSKY, HAROLD R  
Address 4000 PONCE DE LEON BLVD  
SUITE 850  
City-State-Zip: CORAL GABLES FL 33146

Title TD  
Name BIELOW, MARIA C  
Address 4000 PONCE DE LEON BLVD  
SUITE 850  
City-State-Zip: CORAL GABLES FL 33146

Title CD  
Name KATZ, DEENA B  
Address 4000 PONCE DE LEON BLVD  
SUITE 850  
City-State-Zip: CORAL GABLES FL 33146

Title SD  
Name JONES, LANE M  
Address 4000 PONCE DE LEON BLVD  
SUITE 850  
City-State-Zip: CORAL GABLES FL 33146

*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:** MARIA C BIELOW

**TREASURER**

**03/20/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date