

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000065728

**Entity Name:** GLFINANCIAL CORP.

**Current Principal Place of Business:**

1600 SAWGRASS CORP PKWY  
SUITE 400  
SUNRISE, FL 33323

**Current Mailing Address:**

1600 SAWGRASS CORP PKWY  
SUITE 400  
SUNRISE, FL 33323 US

**FEI Number:** 02-0633813

**Certificate of Status Desired:** No

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

HELFMAN, STEVEN M  
1600 SAWGRASS CORP PKWY  
STE 400  
FORT LAUDERDALE, FL 33323 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 DP  
Name ITZHAK, EZRATTI  
Address 1600 SAWGRASS CORP PKWY, STE 400  
City-State-Zip: SUNRISE FL 33323

Title VP, SECRETARY  
Name FANT, ALAN J  
Address 1600 SAWGRASS CORP PKWY, STE 400  
City-State-Zip: SUNRISE FL 33323

Title V  
Name NORWALK, RICHARD M  
Address 1600 SAWGRASS CORP PKWY, STE 400  
City-State-Zip: SUNRISE FL 33323

Title VP, TREASURER  
Name MENENDEZ, N. MARIA  
Address 1600 SAWGRASS CORP PKWY, STE 400  
City-State-Zip: SUNRISE FL 33323

*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:** N. MARIA MENENDEZ

VP

04/19/2023

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

\_\_\_\_\_  
Date