

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000157375

**Entity Name:** HALLIWELL ENGINEERING ASSOCIATES, INC.**Current Principal Place of Business:**20801 BISCAYNE BLVD., #505  
AVENTURA, FL 33180**Current Mailing Address:**20801 BISCAYNE BLVD., #505  
AVENTURA, FL 33180 US**FEI Number:** 20-0505935**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CRUZ, MARIA  
20801 BISCAYNE BLVD., #505  
AVENTURA, FL 33180 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:** MARIA CRUZ

02/12/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	HALLIWELL, JOHN L
Address	495 CENTRE ISLAND DRIVE
City-State-Zip:	GOLDEN BEACH FL 33160

Title	ST
Name	CRUZ, MARIA ELENA
Address	495 CENTRE ISLAND DRIVE
City-State-Zip:	GOLDEN BEACH FL 33160

Title	VP
Name	LEMMO, STEVEN M
Address	79 PONTE LANE
City-State-Zip:	NORTH KINGSTOWN RI 02852

Title	DIRECTOR
Name	BEAUCHAMP, ROBERTO
Address	20801 BISCAYNE BOULEVARD 505
City-State-Zip:	AVENTURA FL 33180

Title	DIRECTOR
Name	LEFFERT, DONALD
Address	20801 BISCAYNE BLVD., #505
City-State-Zip:	AVENTURA FL 33180

*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 CRUZ**SECRETARY/TREASURER** 02/12/2021

Electronic Signature of Signing Officer/Director Detail

Date