

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000103527

**Entity Name:** BYRD CENTER, INC.

**Current Principal Place of Business:**

4400 BISCAYNE BLVD SUITE 950  
MIAMI, FL 33147

**Current Mailing Address:**

4400 BISCAYNE BLVD SUITE 950  
MIAMI, FL 33147

**FEI Number:** 20-1519517

**Certificate of Status Desired:** No

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

HALPRYN, GLENN L  
4400 BISCAYNE BOULEVARD  
SUITE 950  
MIAMI, FL 33137 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 HALPRYN, GLENN L  
Address 4400 BISCAYNE BLVD., SUITE 950  
City-State-Zip: MIAMI FL 33137

Title VP, TREASURER  
Name SILVER, NOAH M  
Address 4400 BISCAYNE BLVD., SUITE 950  
City-State-Zip: MIAMI FL 33137

Title SECRETARY  
Name CABRERA, MARLENE  
Address 4400 BISCAYNE BLVD., SUITE 950  
City-State-Zip: MIAMI FL 33137

Title D  
Name WEISBERG, ALAN J  
Address 4400 BISCAYNE BLVD., SUITE 950  
City-State-Zip: MIAMI FL 33137

*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:** GLENN L. HALPRYN

**PRESIDENT**

**03/05/2024**

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

\_\_\_\_\_  
Date