# 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.

PRESIDENT

#### SIGNATURE: SILVIO MATRI

Electronic Signature of Signing Officer/Director Detail

# 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P15000049262

## Entity Name: PARTNERS PROPERTY MANAGEMENT INC

#### **Current Principal Place of Business:**

21218 ST ANDREWS BLVD # 737 BOCA RATON, FL 33433

#### **Current Mailing Address:**

21218 ST ANDREWS BLVD # 737 BOCA RATON, FL 33433 US

## FEI Number: 38-3972705

## Name and Address of Current Registered Agent:

MATRI, SILVIO 21218 ST ANDREWS BLVD # 737 BOCA RATON, FL 33433 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:

## FI

Electronic Signature of Registered Agent

#### Officer/Director Detail :

TitlePNameMATRI, SILVIOAddress21218 ST ANDREWS BLVDCity-State-Zip:# 737 FL 33433

FILED Feb 17, 2020 Secretary of State 9452677516CC

Certificate of Status Desired: No

Date

02/17/2020 Date