#### 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: STILO LEANDRO J

Electronic Signature of Signing Officer/Director Detail

## DOCUMENT# P1600006586

#### Entity Name: STILO MIAMI CORP

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

615 N UNIVERSITY DRIVE PLANTATION. FL 33324

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

615 N UNIVERSITY DRIVE PLANTATION. FL 33324 US

## FEI Number: 81-1317725

# Name and Address of Current Registered Agent:

STILO, LEANDRO J 4998 PAULIE CR 10 WEST PALM BEACH, FL 33415 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

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

### **Officer/Director Detail :**

Title	P	Title	VP
Name	STILO, LEANDRO J	Name	RUIZ, CARINA A
Address	2000 PGA BLVD 404 SUITE 4440	Address	2000 PGA BLVD 404 SUITE 4440
City-State-Zip:	PALM BEACH GARDENS FL 33408	City-State-Zip:	PALM BEACH GARDENS FL 33408

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

FILED Apr 14, 2021 Secretary of State 5205596621CC

Date

Certificate of Status Desired: No

04/14/2021