# 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000003554

Entity Name: BUSINESS MANAGEMENT ALLIED, INC.

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

2121 PONCE DE LEON BLVD. SUITE 1050 CORAL GABLES, FL 33134

# **Current Mailing Address:**

2121 PONCE DE LEON BLVD. SUITE 1050 CORAL GABLES, FL 33134

## FEI Number: 81-4975519

### Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA INC 2121 PONCE DE LEON BLVD SUITE 1050 CORAL GABLES, FL 33134 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

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

Title	PD	Title	SD
Name	ARTILES, RODOLFO	Name	ARTILES, CIRCE
Address	2121 PONCE DE LEON BLVD STE 1050	Address	2121 PONCE DE LEON BLVD. STE. 1050
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

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: RODOLFO ARTILES

PD

Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No