

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000092497

Entity Name: DELVISTA 2419, INC.**Current Principal Place of Business:**16375 NE 18TH AVE STE 225
NORTH MIAMI BEACH, FL 33162**Current Mailing Address:**16375 NE 18TH AVE STE 225
NORTH MIAMI BEACH, FL 33162 US**FEI Number:** 61-1908673**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHAPIRO, IRA R
16375 NE 18TH AVE STE 225
NORTH MIAMI BEACH, FL 33162 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	DP
Name	ZAMBELLI, PAOLO
Address	16375 NE 18TH AVE STE 225
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	DVP
Name	SHAPIRO, IRA R
Address	16375 NE 18TH AVE STE 225
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	DS
Name	SHIENBAUM, BAYLEE L
Address	16375 NE 18TH AVE STE 225
City-State-Zip:	NORTH MIAMI BEACH FL 33162

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: IRA SHAPIRO

DVP

02/10/2020

Electronic Signature of Signing Officer/Director Detail_____
Date