

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000065912

**Entity Name:** GENOVESE JOBLOVE & BATTISTA, P.A.

**Current Principal Place of Business:**

100 SE 2ND ST  
44TH FLOOR  
MIAMI, FL 33131

**FILED**  
**Feb 01, 2021**  
**Secretary of State**  
**5829583867CC**

**Current Mailing Address:**

100 SE 2ND ST  
44TH FLOOR  
MIAMI, FL 33131 US

**FEI Number: 65-0518134**

**Certificate of Status Desired: Yes**

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

JOBLOVE, MICHAEL D  
100 SE 2ND ST  
44TH FLOOR  
MIAMI, FL 33131 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           VPST  
Name           JOBLOVE, MICHAEL D  
Address        100 SE 2ND ST., 44TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title           PD  
Name           BATTISTA, PAUL J  
Address        100 SE 2ND ST., 44TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title           VP  
Name           GENOVESE, JOHN H  
Address        100 SE 2ND ST., 44TH FLOOR  
City-State-Zip: MIAMI FL 33131

*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: MICHAEL D. JOBLOVE**

**SEC/TREAS/DIRECTOR**

**02/01/2021**

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

\_\_\_\_\_  
Date