

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000090185

**Entity Name:** PHILLIPS FIRE SPRINKLERS, INC.

**Current Principal Place of Business:**

1669 NW 144TH TERRACE UNIT 202  
SUNRISE, FL 33323

**Current Mailing Address:**

1669 NW 144TH TERRACE UNIT 202  
SUNRISE, FL 33323 US

**FEI Number:** 65-0629588

**Certificate of Status Desired:** No

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

MUCCI, MARK S  
5561 N UNIVERSITY DR  
SUITE 102  
CORAL SPRINGS, FL 33067 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 P  
Name PHILLIPS, ROBERT H  
Address 9551 NW 42ND CT  
City-State-Zip: CORAL SPRINGS FL 33065

Title S  
Name BRAMOS, GLORIA M  
Address 1279 PRESIDIO DRIVE  
City-State-Zip: WESTON FL 33327

Title V  
Name GONZALEZ, AVELINO  
Address 17425 NW 75TH PLACE #107  
City-State-Zip: HIALEAH FL 33015

Title V  
Name BERNAL, ESQUIBEL  
Address 16516 NW 8TH STREET  
City-State-Zip: PEMBROKE PINES FL 33028

*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:** GLORIA BRAMOS

**SECRETARY**

**01/27/2023**

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

\_\_\_\_\_  
Date