

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000100757

Entity Name: FORTHRIGHT TECHNOLOGY PARTNERS, INC.**Current Principal Place of Business:**2893 EXECUTIVE PARK DRIVE
SUITE 204
WESTON, FL 33331**Current Mailing Address:**2893 EXECUTIVE PARK DRIVE
SUITE 204
WESTON, FL 33331 US**FEI Number:** 65-0798677**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MEDINA, ANDREW
2893 EXECUTIVE PARK DRIVE
SUITE 204
WESTON, FL 33331 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	S
Name	MEDINA, YANIRA
Address	2893 EXECUTIVE PARK DRIVE SUITE 204
City-State-Zip:	WESTON FL 33331

Title	VP
Name	ZOBERG, STEVEN
Address	2893 EXECUTIVE PARK DRIVE SUITE 204
City-State-Zip:	WESTON FL 33331

Title	T
Name	SANTAMARIA, RICHARD
Address	2893 EXECUTIVE PARK DRIVE SUITE 204
City-State-Zip:	WESTON FL 33331

Title	D
Name	SERRA, NOEL
Address	2893 EXECUTIVE PARK DRIVE SUITE 204
City-State-Zip:	WESTON FL 33331

Title	DIRECTOR
Name	MERINO, FRANK MICHAEL
Address	2893 EXECUTIVE PARK DRIVE SUITE 204
City-State-Zip:	WESTON FL 33331

Title	P
Name	MEDINA, DARIO ANDRES
Address	2893 EXECUTIVE PARK DRIVE SUITE 204
City-State-Zip:	WESTON FL 33331

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: NOEL SERRA**OFFICE MANAGER****01/12/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date