# 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: JAMES FRIED

Electronic Signature of Signing Officer/Director Detail

## DOCUMENT# S63361 Entity Name: JAMES L. FRIED, P.A.

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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

555 NE 34TH STREET 2601 MIAMI, FL 33137

#### **Current Mailing Address:**

555 NE 34TH STREET 2601 MIAMI, FL 33137 US

## FEI Number: 65-0275368

## Name and Address of Current Registered Agent:

FRIED, JAMES L 555 NE 34TH ST #2601 MIAMI, FL 33137 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 :

TitleDNameFRIED, JAMES LAddress555 NE 34TH STREET #2601City-State-Zip:MIAMI FL 33137

FILED Jan 16, 2020 Secretary of State 2033549801CC

Certificate of Status Desired: No

Date

01/16/2020

Date

PRESIDENT