

**2020 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# V24800

**Entity Name:** KIRSNER CAMBRIDGE PROPERTIES, INC.

**FILED**  
**Jul 20, 2020**  
**Secretary of State**  
**6468438647CC**

**Current Principal Place of Business:**

401 EAST LAS OLAS BLVD.  
SUITE 2000  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

401 EAST LAS OLAS BLVD.  
SUITE 2000  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 65-0331453

**Certificate of Status Desired:** No

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

KIRSNER, MARVIN A  
401 EAST LAS OLAS BLVD.  
SUITE 2000  
FORT LAUDERDALE, FL 33301 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 DPT  
Name KIRSNER, HARRY  
Address 10851 S.W. 93 AVE  
City-State-Zip: MIAMI FL 33176

Title DVPS  
Name KIRSNER, MARVIN A  
Address 2494 SOUTH OCEAN BLVD.  
APT. A-1  
City-State-Zip: BOCA RATON FL 33432

Title D  
Name KIRSNER, RONALD  
Address 9823 TAPESTRY PARK CIRCLE  
UNIT #102  
City-State-Zip: JACKSONVILLE FL 32246

Title D  
Name KIRSNER, STEVEN A  
Address 4439 CHIMING LANE  
City-State-Zip: ROCKLEDGE FL 32955-5155

Title D  
Name GOLDBERG, DIANE K  
Address 11410 S.W. 95TH AVE.  
City-State-Zip: MIAMI FL 33176

*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:** MARVIN KIRSNER

VP

07/20/2020

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

\_\_\_\_\_  
Date