

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V52754

**Entity Name:** NEWCEN MAINTENANCE, INC.

**Current Principal Place of Business:**

13300 SW 10TH STREET  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

1601 FORUM PLACE  
SUITE 500  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 65-0347874

**Certificate of Status Desired:** No

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

LEVY-BIZANES, JOURDAN  
1601 FORUM PLACE  
SUITE 500  
WEST PALM BEACH, FL 33401 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 DIRECTOR  
Name PESECKIS, LYNN LEVY  
Address 1601 FORUM PLACE - SUITE 500  
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR, PRESIDENT  
Name LEVY, MARK F  
Address 1601 FORUM PLACE - SUITE 500  
City-State-Zip: WEST PALM BEACH FL 33401

Title VP  
Name LEVY-BIZANES, JOURDAN  
Address 1601 FORUM PLACE - SUITE 500  
City-State-Zip: WEST PALM BEACH FL 33401

Title VP, ASST. SECRETARY  
Name PEREZ, CARLOS  
Address 1601 FORUM PLACE - SUITE 500  
City-State-Zip: WEST PALM BEACH FL 33401

Title SECRETARY  
Name COFFY, LAURA  
Address 1601 FORUM PLACE - SUITE 500  
City-State-Zip: WEST PALM BEACH FL 33401

Title VP, TREASURER  
Name WELLS, MONICA  
Address 1601 FORUM PLACE - SUITE 500  
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR  
Name HALPERIN, BARRY  
Address 1601 FORUM PLACE  
SUITE 500  
City-State-Zip: WEST PALM BEACH FL 33401

Title VP  
Name CRUZ, DANIEL  
Address 1601 FORUM PLACE  
SUITE 500  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** MONICA WELLS

VP

04/09/2021

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

\_\_\_\_\_  
Date