#### 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PEGGY ELIMELECH

Electronic Signature of Signing Officer/Director Detail

**Officer/Director Detail :** Title D.P Title D ELIMELECH, PEGGY Name POSNER, IRA Name **594 NE 199 TERRACE** Address 3975 SW 58 STREET Address City-State-Zip: FT LAUDERDALE FL 33312 City-State-Zip: MIAMI FL 33179 Title D STAHL, DIANNE Name 2510 CHERRYWOOD HILL DR APT 113

## Electronic Signature of Registered Agent

City-State-Zip: BRANDON FL 33511

Address

594 NE 199 TERRACE	
MIAMI, FL 33179 US	

## **Current Mailing Address:**

DOCUMENT# N09000001796

**594 NE 199 TERRACE** MIAMI. FL 33179

**594 NE 199 TERRACE** MIAMI, FL 33179

#### FEI Number: 26-4677343

# Name and Address of Current Registered Agent:

Entity Name: MACHOL MIAMI CORPORATION

**Current Principal Place of Business:** 

ELIMELECH, PEGGY Ν

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:

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# FILED Apr 02, 2018 Secretary of State CC9392992029

Date

Certificate of Status Desired: No

04/02/2018

Date

PRESIDENT