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: JOHN E. ABDO

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# N46351

### Entity Name: CENTER PORT BUSINESS PARK OWNERS ASSOCIATION, INC.

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

1350 NE 56TH ST SUITE 200 FORT LAUDERDALE, FL 33334

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

1350 NE 56TH ST SUITE 200 FORT LAUDERDALE, FL 33334

### FEI Number: 65-0384705

## Name and Address of Current Registered Agent:

ABDO, JOHN E 1350 NE 56TH ST SUITE 200 FORT LAUDERDALE, FL 33334 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 :			
Title	PD	Title	VPSD
Name	ABDO, JOHN E	Name	WISE, SETH M
Address	1350 NE 56TH ST SUITE 200	Address	1350 NE 56TH ST SUITE 200
City-State-Zip:	FORT LAUDERDALE FL 33334	City-State-Zip:	FORT LAUDERDALE FL 33334
Title	DIRECTOR		
Name	ABDO, FRANK J		
Address	1350 NE 56TH ST SUITE 200		
City-State-Zip:	FORT LAUDERDALE FL 33334		

PRESIDENT

Date

Certificate of Status Desired: No

FILED Jan 13, 2021 Secretary of State 2919323156CC

> 01/13/2021 Date