

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 564127

Entity Name: SIEGFRIED RIVERA, P.A.**Current Principal Place of Business:**201 ALHAMBRA CIR
1100
CORAL GABLES, FL 33134**Current Mailing Address:**201 ALHAMBRA CIR
1100
CORAL GABLES, FL 33134 US**FEI Number:** 59-1777539**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALLONGO, SHAUNA
201 ALHAMBRA CIRCLE,
SUITE 1100
CORAL GABLES, FL 33134 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:** SHAUNA ALLONGO

02/26/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name DE LA TORRE, HELIO
Address 201 ALHAMBRA CIR, SUITE 1100
City-State-Zip: CORAL GABLES FL 33134

Title DVPT
Name SOBEL, STUART H
Address 201 ALHAMBRA CIR SUITE 1100
City-State-Zip: CORAL GABLES FL 33134

Title DVP
Name MARS, GARY M
Address 201 ALHAMBRA CIR
1100
City-State-Zip: CORAL GABLES FL 33134

Title DVPS
Name BLANCH, ROBERTO
Address 201 ALHAMBRA CIR
1100
City-State-Zip: CORAL GABLES FL 33134

Title DVP
Name LERNER, LISA
Address 201 ALHAMBRA CIR
1100
City-State-Zip: CORAL GABLES FL 33134

Title DP
Name RIVERA, OSCAR R
Address 201 ALHAMBRA CIR, SUITE 1100
City-State-Zip: CORAL GABLES FL 33134

Title DVP
Name SIEGFRIED, NICHOLAS D.
Address 201 ALHAMBRA CIR
1100
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name ARIAS, MARIA V.
Address 201 ALHAMBRA CIR
1100
City-State-Zip: CORAL GABLES FL 33134

Continues on page 2

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: SHAUNA ALLONGO

ADMINISTRATOR

02/26/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DVP
Name	RODGERS-DA CRUZ, JASON
Address	201 ALHAMBRA CIR 1100
City-State-Zip:	CORAL GABLES FL 33134