

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 564127

**FILED**  
**Feb 04, 2021**  
**Secretary of State**  
**7765770595CC**

**Entity Name:** SIEGFRIED, RIVERA, HYMAN, LERNER, DE LA TORRE, MARS & SOBEL, 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:**

SIEGFRIED, STEVEN M.  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

Title DS  
Name ARIAS, MARIA VICTORIA  
Address 201 ALHAMBRA CIRCLE SUITE 1100  
City-State-Zip: CORAL GABLES FL 33134

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

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

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

Title P  
Name SIEGFRIED, STEVEN M  
Address 201 ALHAMBRA CIR , SUITE 1102  
City-State-Zip: CORAL GABLES FL 33134

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

*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: LYDIA SANCHEZ-GARRETT**

**CONTROLLER**

**02/04/2021**

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

\_\_\_\_\_  
Date