

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 564127

FILED
Apr 07, 2015
Secretary of State
CC5571638789

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 D/P
Name SIEGFRIED, STEVEN M
Address 201 ALHAMBRA CIR
1100
City-State-Zip: CORAL GABLES FL 33134

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 HYMAN, MICHAEL L
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

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: LISA CARMAN

**CHIEF OPERATING
OFFICER**

04/07/2015

