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: MARY GLENDA F. BEELER

SIGNATURE:

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.

#### - 4 - 11

Officer/Director Detail :						
Title	PD	Title	ST			
Name	BEELER, JOSEPH	Name	BEELER, MARY GLENDA F			
Address	150 WEST FLAGLER STREET PENTHOUSE 2850	Address	150 WEST FLAGLER STREET PENTHOUSE 2850			
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33130			

# 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# 683305

Entity Name: JOSEPH BEELER, P.A.

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

**150 WEST FLAGLER STREET** PENTHOUSE 2850 MIAMI, FL 33130

# **Current Mailing Address:**

**150 WEST FLAGLER STREET** PENTHOUSE 2850 MIAMI, FL 33130 US

# FEI Number: 59-2031376

## Name and Address of Current Registered Agent:

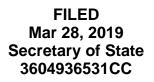
BEELER, MARY GLENDA F 150 WEST FLAGLER STREET PENTHOUSE 2850 MIAMI, FL 33130 US

Electronic Signature of Registered Agent

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

Onicentbillet	tor Detail.			
Title	PD	Title	ST	
Name	BEELER, JOSEPH	Name	BEELER, MARY GLENDA F	
Address	150 WEST FLAGLER STREET PENTHOUSE 2850	Address	150 WEST FLAGLER STREET PENTHOUSE 2850	
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33130	

Electronic Signature of Signing Officer/Director Detail



SECRETARY/TREASURER 03/28/2019

# Certificate of Status Desired: No

Date