

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G81336

Entity Name: SAILORMEN, INC.**Current Principal Place of Business:**9500 S. DADELAND BLVD.
SUITE 800
MIAMI, FL 33156**Current Mailing Address:**9500 S. DADELAND BLVD.
SUITE 800
MIAMI, FL 33156 US**FEI Number:** 59-2355214**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**URS AGENTS, LLC
3458 LAKESHORE DR.
TALLAHASSEE, FL 32312 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	PD
Name	BERG, ROBERT S.
Address	9500 S DADELAND BL #800
City-State-Zip:	MIAMI FL 33156

Title	VDTS
Name	WEMPLE, STEVEN M.
Address	9500 S DADELAND BL #800
City-State-Zip:	MIAMI FL 33156

Title	CEO
Name	NORDSTROM, KARA
Address	9500 S. DADELAND BLVD. SUITE 800
City-State-Zip:	MIAMI FL 33156

Title	CFO
Name	LAKHANI, MOEZ
Address	9500 S. DADELAND BLVD. SUITE 800
City-State-Zip:	MIAMI FL 33156

Title	COO
Name	REINERI, MARK
Address	9500 S. DADELAND BLVD. SUITE 800
City-State-Zip:	MIAMI FL 33156

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: MOEZ LAKHANI

CFO

02/09/2017

Electronic Signature of Signing Officer/Director Detail_____
Date