

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H80525

Entity Name: MOSKOWITZ, MANDELL, SALIM & SIMOWITZ, P.A.**Current Principal Place of Business:**800 CORPORATE DRIVE
SUITE 500
FORT LAUDERDALE, FL 33334**Current Mailing Address:**800 CORPORATE DRIVE
SUITE 500
FORT LAUDERDALE, FL 33334 US**FEI Number:** 59-2588564**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOSKOWITZ, MICHAEL W.
800 CORPORATE DR., STE 500
FT. LAUDERDALE, FL 33334 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 DP
Name MOSKOWITZ, MICHAEL W.
Address 800 CORPORATE DR., STE 500
City-State-Zip: FT. LAUDERDALE FL 33334Title DVS
Name MANDELL, CRAIG J
Address 800 CORPORATE DR., STE 500
City-State-Zip: FT. LAUDERDALE FL 33334Title DVT
Name SALIM, WILLIAM GJR
Address 800 CORPORATE DR., STE 500
City-State-Zip: FT. LAUDERDALE FL 33334Title DV
Name SIMOWITZ, SCOTT E
Address 800 CORPORATE DR., STE 500
City-State-Zip: FT. LAUDERDALE FL 33334

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: MICHAEL W. MOSKOWITZ

PRESIDENT

01/11/2021

Electronic Signature of Signing Officer/Director Detail_____
Date