

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000088048

**Entity Name:** ROBINSON PECARO & MIER, P.A.**Current Principal Place of Business:**510 SHOTGUN RD STE 404  
SUNRISE, FL 33326**Current Mailing Address:**510 SHOTGUN ROAD,  
SUITE 404  
SUNRISE, FL 33326 US**FEI Number:** 65-1135284**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBINSON, JAMES D  
510 SHOTGUN RD STE 404  
SUNRISE, FL 33326 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	Title	VPD
Name	ROBINSON, JAMES D	Name	PECARO, PAUL R
Address	510 SHOTGUN ROAD, SUITE 404	Address	510 SHOTGUN ROAD, SUITE 404
City-State-Zip:	SUNRISE FL 33326	City-State-Zip:	SUNRISE FL 33326
Title	T	Title	S
Name	MIER, NINOWTZA	Name	SCHECHTER, MARC
Address	510 SHOTGUN ROAD, SUITE 404	Address	510 SHOTGUN ROAD, SUITE 404
City-State-Zip:	SUNRISE FL 33326	City-State-Zip:	SUNRISE FL 33326

*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: JAMES ROBINSON****MANAGING PARTNER****03/04/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date