

2019 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
Name	ROBINSON, JAMES D
Address	510 SHOTGUN ROAD, SUITE 404
City-State-Zip:	SUNRISE FL 33326

Title	VPD
Name	PECARO, PAUL R
Address	510 SHOTGUN ROAD, SUITE 404
City-State-Zip:	SUNRISE FL 33326

Title	T
Name	MIER, NINOWTZA
Address	510 SHOTGUN ROAD, SUITE 404
City-State-Zip:	SUNRISE FL 33326

Title	S
Name	SCHECHTER, MARC
Address	510 SHOTGUN ROAD, SUITE 404
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****03/18/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date