

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000164220

**Entity Name:** JY PRIVATE EQUITY, INC.

**Current Principal Place of Business:**

555 SOUTH FEDERAL HIGHWAY  
SUITE 400  
BOCA RATON, FL 33432

**Current Mailing Address:**

555 SOUTH FEDERAL HIGHWAY  
SUITE 400  
BOCA RATON, FL 33432

**FEI Number:** 20-4087957

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SIG HOLDING, INC.  
555 SOUTH FEDERAL HWY  
SUITE 400  
BOCA RATON, FL 33132 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 YASS, JEFFREY  
Address 401 CITY AVENUE, SUITE 220  
City-State-Zip: BALA CYNWYD PA 19004

Title T  
Name SACK, ROBERT  
Address 401 CITY AVENUE, SUITE 220  
City-State-Zip: BALA CYNWYD PA 19004

Title VP, S  
Name BRYCE, TED  
Address 401 CITY AVENUE, SUITE 220  
City-State-Zip: BALA CYNWYD PA 19004

Title AS  
Name SOPINSKY, BRIAN  
Address 401 CITY AVENUE, SUITE 220  
City-State-Zip: BALA CYNWYD PA 19004

Title ASST. TREASURER  
Name POCHE, PHILIP A  
Address 401 CITY AVE  
220  
City-State-Zip: BALA CYNWYD PA 19004

*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:** ROBERT SACK

**TREASURER**

**04/29/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date