

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000103527

**Entity Name:** BYRD CENTER, INC.

**Current Principal Place of Business:**

4400 BISCAYNE BLVD SUITE 950  
MIAMI, FL 33147

**Current Mailing Address:**

4400 BISCAYNE BLVD SUITE 950  
MIAMI, FL 33147

**FEI Number:** 20-1519517

**Certificate of Status Desired:** No

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

HALPRYN, GLENN L  
4400 BISCAYNE BOULEVARD  
SUITE 950  
MIAMI, FL 33137 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	VP, TREASURER
Name	HALPRYN, GLENN L	Name	SILVER, NOAH M
Address	4400 BISCAYNE BLVD., SUITE 950	Address	4400 BISCAYNE BLVD., SUITE 950
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137
Title	SECRETARY	Title	D
Name	CABRERA, MARLENE	Name	WEISBERG, ALAN J
Address	4400 BISCAYNE BLVD., SUITE 950	Address	4400 BISCAYNE BLVD., SUITE 950
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137

*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:** GLENN L. HALPRYN

**PRESIDENT**

**02/25/2019**

Electronic Signature of Signing Officer/Director Detail

Date