

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000007002

**Entity Name:** MARITZA JACOBSON, P.A.

**Current Principal Place of Business:**

1825 PONCE DE LEON BLVD UNIT 142  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P.O. BOX 347857  
CORAL GABLES, FL 33234 US

**FEI Number:** 81-5310061

**Certificate of Status Desired:** No

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

JACOBSON, MARITZA  
1825 PONCE DE LEON BLVD UNIT 142  
CORAL GABLES, FL 33134 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 P  
Name JACOBSON, MARITZA  
Address P.O. BOX 347857  
City-State-Zip: CORAL GABLES FL 33234

*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:** MARITZA JACOBSON

**PRESIDENT**

**05/11/2020**

Electronic Signature of Signing Officer/Director Detail

Date