above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

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

### 2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000087390

Entity Name: BENJAMIN R. JACOBI, P.A.

#### **Current Principal Place of Business:**

1313 N.E. 125TH STREET STE 200 N. MIAMI, FL 33161

#### **Current Mailing Address:**

1313 N.E. 125TH STREET STE 200 N. MIAMI, FL 33161

#### FEI Number: 65-0462038

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

JACOBI, BENJAMIN R 1313 N.E. 125TH STREET STE 200 N. MIAMI, FL 33161 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

Officer/Director Detail	:
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Title	PVST	Title	D
Name	JACOBI, BENJAMIN R	Name	JACOBI, BENJAMIN R
Address	1313 NE 125TH ST #200	Address	1313 NE 125TH ST #200
City-State-Zip:	N. MIAMI FL 33161	City-State-Zip:	N. MIAMI FL 33161

PRESIDENT 03/15/2021

## FILED Mar 15, 2021 Secretary of State 5328672667CC

Certificate of Status Desired: No

Date

Date