## 2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000028176

**Entity Name: FLORIDA BOAT SLIP CORPORATION** 

**Current Principal Place of Business:** 

4835 COLLINS AVENUE

SUITE 801

MIAMI BEACH, FL 33140

**Current Mailing Address:** 

PO BOX 140668

CORAL GABLES, FL 33114 US

FEI Number: 65-0663878 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

M.J.F. REGISTERED AGENT CORP. 153 SEVILLA AVENUE 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

FILED Mar 19, 2025

**Secretary of State** 

3508382776CC

Officer/Director Detail:

Title DIRECTOR, P Title

Name MURRAY , JEAN - JACQUES Name SIMMONDS, JOEL

Address 11 AVENUE DE LA PRINCESSE Address 9418 COLLINS AVENUE GRACE 9418 COLLINS AVENUE

APT 32 City-State-Zip: SURFSIDE FL 33154

City-State-Zip: MONACO 98000 Title D

Title D Name MURRAY, JEAN PIERRE

Name LEON, MARIE -CLAIRE Address 2314 FISHER ISLAND DRIVE

Address 1017 BEVERLY DRIVE City-State-Zip: FISHER ISLAND FL 33109

City-State-Zip: BEVERLY HILLS CA 90210

Title D

Name MIGNOLET, XAVIER Address INDUSTRIALAAN 35

City-State-Zip: GROOT BIJGAARDEN 1702

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: SIMMONDS , JOEL

Electronic Signature of Signing Officer/Director Detail

03/19/2025

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Date