

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000097235

**Entity Name:** LEIBOWITZ MANAGEMENT CO., INC.

**Current Principal Place of Business:**

485 HARRISON AVE  
UNIT 403  
BOSTON, MA 02118

**FILED**  
**Apr 01, 2024**  
**Secretary of State**  
**3135963766CC**

**Current Mailing Address:**

RITA HURWITZ, PRESIDENT  
485 HARRISON AVE UNIT 403  
BOSTON, MA 02118 US

**FEI Number:** 65-0795141

**Certificate of Status Desired:** No

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

NORTHWEST REGISTERED AGENT LLC  
7901 4TH ST., STE 300  
ST PETERSBURG, FL 33702 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            PRESIDENT  
Name            HURWITZ, RITA  
Address        485 HARRISON AVENUE  
                  UNIT 403  
City-State-Zip: BOSTON MA 02118

Title            VP  
Name            LEIBOWITZ, BRANDON  
Address        1920 12TH ST, NW  
                  APT. 2  
City-State-Zip: WASHINGTON DC 20009

Title            SECRETARY, TREASURER  
Name            LEIBOWITZ, RYAN  
Address        12 EAST 14TH STREET  
                  APT 4F  
City-State-Zip: NEW YORK NY 10003

Title            AUTHORIZED REPRESENTATIVE  
Name            HURWITZ, DONALD  
Address        485 HARRISON AVE  
                  UNIT 403  
City-State-Zip: BOSTON MA 02118

*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:** DONALD HURWITZ

**AUTHORIZED  
REPRESENTATIVE**

**04/01/2024**

Electronic Signature of Signing Officer/Director Detail

Date