

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000110373

**Entity Name:** BRAMAN PALM BEACH, INC.

**Current Principal Place of Business:**

5200 LAKE WORTH ROAD  
GREENACRES, FL 33463

**Current Mailing Address:**

2060 BISCAYNE BLVD., SECOND FLOOR  
MIAMI, FL 33137

**FEI Number:** 65-1050118

**Certificate of Status Desired:** Yes

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

LEIBOWITZ, DAVID SEYMOUR  
2060 BISCAYNE BLVD., SECOND FLOOR  
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:** DAVID LEIBOWITZ

02/18/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name SHACK, ALEX  
Address 2060 BISCAYNE BLVD SECOND FL  
City-State-Zip: MIAMI FL 33137

Title PD  
Name BRAMAN, NORMAN  
Address 2060 BISCAYNE BLVD SECOND FL  
City-State-Zip: MIAMI FL 33137

Title AS  
Name GRECSEK, TIMOTHY JOHN  
Address 2060 BISCAYNE BLVD SECOND FL  
City-State-Zip: MIAMI FL 33137

Title SECRETARY  
Name LEIBOWITZ, DAVID SEYMOUR  
Address 2060 BISCAYNE BOULEVARD 2ND  
FLOOR  
2ND FLOOR  
City-State-Zip: MIAMI FL 33137

Title T  
Name KOTZEN, RICHARD H  
Address 2060 BISCAYNE BOULEVARD, 2ND  
FLOOR  
City-State-Zip: MIAMI FL 33137

Title ASSISTANT SECRETARY  
Name SHACK, BRIAN  
Address 2060 BISCAYNE BLVD  
2ND FLOOR  
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:** NORMAN BRAMAN

**PRESIDENT**

02/18/2022

Electronic Signature of Signing Officer/Director Detail

Date