

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000008844

**Entity Name:** BROKEN GLASS OF PORT ST LUCIE, INC.

**Current Principal Place of Business:**

343 SE PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34984

**Current Mailing Address:**

343 SE PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34984 US

**FEI Number:** 83-3393712

**Certificate of Status Desired:** No

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

LAKHANI, ARIF  
3500 GALT OCEAN DRIVE  
#1712A  
FORT LAUDERDALE, FL 33308 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:** ARIF LAKHANI

04/22/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LAKHANI, ARIF  
Address 3500 GALT OCEAN DRIVE  
#1712A  
City-State-Zip: FORT LAUDERDALE FL 33308

Title VP  
Name VIRANI, SEAN ALI  
Address 14565 MONROVIA LANE  
City-State-Zip: FORT MYERS FL 33905

*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:** ARIF LAKHANI

P

04/22/2024

Electronic Signature of Signing Officer/Director Detail

Date