

**2024 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P21000089873

**Entity Name:** VERANDA PALMS PH3 LOT 319 INC.

**Current Principal Place of Business:**

201 ALHAMBRA CIRCLE  
SUITE 501  
CORAL GABLES, FL 33134

**FILED**  
**Apr 03, 2024**  
**Secretary of State**  
**1995144972CC**

**Current Mailing Address:**

201 ALHAMBRA CIRCLE  
SUITE 501  
CORAL GABLES, FL 33134 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

BARED, PABLO R ESQ.  
201 ALHAMBRA CIRCLE  
SUITE 501  
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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ACHAR, ABRAHAM  
Address        201 ALHAMBRA CIRCLE #501  
City-State-Zip: CORAL GABLES FL 33134  
  
Title            SECRETARY  
Name            ACHAR RAJWAN, ODETTE  
Address        17901 COLLINS AVE  
                  602  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            DIRECTOR  
Name            ACHAR RAJWAN, ALAN  
Address        17901 COLLINS AVE  
                  603  
City-State-Zip: SUNNY ISLES BEACH FL 33160  
  
Title            TREASURER  
Name            ACHAR DE SAAD, VICKY  
Address        17901 COLLINS AVE  
                  602  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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: ALAN ACHAR RAJWAN**

**DIRECTOR**

**04/03/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date