

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000004164

Entity Name: ACHEE, INC.

Current Principal Place of Business:

% /DR, PAULA LIEBESKIND, 1342 NW 81ST AV, #14-1342
PLANTATION, FL 33322

Current Mailing Address:

% DR. PAULA LIEBESKIND, 1342 NW 81ST AV, #14-1342
PLANTATION, FL 33322 US

FEI Number: 13-3976157

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ARBE, AUDREY S
% /DR, PAULA LIEBESKIND, 1342 NW 81ST AV, #14-1342
PLANTATION, FL 33322 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 CHRM
Name ARBE, AUDREY S
Address % /DR, PAULA LIEBESKIND, 1342 NW
81ST AV, #14-1342
City-State-Zip: PLANTATION FL 33322

Title P
Name ARBE, AUDREY S
Address % /DR, PAULA LIEBESKIND, 1342 NW
81ST AV, #14-1342
City-State-Zip: PLANTATION FL 33322

Title VCHR
Name RHOULHAC, SHELAH
Address 17951 SW 41ST ST
City-State-Zip: MIRAMAR FL 33029

Title VP
Name RHOULHAC, SHELAH
Address 17951 SW 41ST ST
City-State-Zip: MIRAMAR FL 33029

Title STR
Name BILES, PAT
Address 4751 NW 21ST AV,
618
City-State-Zip: LAUDERHILL FL 33313

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AUDREY S ARBE

CHRM

04/24/2024

Electronic Signature of Signing Officer/Director Detail

Date