2001 UNIFORM BUSINESS REPORT (UBR) FILED May 05, 2001 8:00 am Secretary of State **DOCUMENT # J82636** 1. Entity Name V.F. SANCTUARY HILLS, INC. 05-05-2001 90585 001 *4.950.00 Principal Place of Business Mailing Address 7777 GLADES RD 7777 GLADES RD SUITE 300 SUITE 300 40695 **BOCA RATON FL 33434 BOCA RATON FL 33434** US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0035817 Not Applicable Zip Country Zip Country **\$8.75** Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEUTCH, JEFFREY A Street Address (P.O. Box Number is Not Acceptable) 7777 GLADES RD **STE 300 BOCA RATON FL 33434** Zip Code FL 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PDS ☐ Change ☐ Addition TITI F ☐ Delete TITLE POMERANTZ, SAUL NAME NAME 8600 DECARIE BLVD., SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TOWN OF MOUNT ROYAL H4P 2N2 QC CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE GATTINGER, FRANKLIN J. NAME NAME STREET ADDRESS STREET ADDRESS 8600 DECARIE BLVD., SUITE 200 CITY-ST-7IP CITY-ST-7IP TOWN OF MOUNT ROYAL H4P 2N2 QC ASD ☐ Change Addition TITLE Delete TITLE ESPOSITO, RAPHAEL JR NAME NAME STREET ADDRESS 8600 DECARIE BLVD #200 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MT ROYAL, QC, CANADA TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

SIGNATURE:

SIGNATURE AND

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-ZIP

NAME STREET ADDRESS

F. Gatting expression of Figure 1

☐ Delete

01.04.23

514-341-860C

Daytime Phone #

☐ Change

Addition