2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 28, 2002 8:00 am Secretary of State DOCUMENT # J98750 1. Entity Name 04-28-2002 90696 001 *4,800.00 V.F. SANCTUARY, INC. Principal Place of Business Mailing Address **BROAD & CASSEL** BROAD & CASSEL 7777 GLADES RD. #300 7777 GLADES RD. #300 **BOCA RATON FL 33434 BOCA RATON FL 33434** 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 65-0035825 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEUTCH, JEFFREY Street Address (P.O. Box Number is Not Acceptable) **BROAD & CASSEL** 7777 GLADES RD. #300 **BOCA RATON FL 33434** City Zip Code FĹ 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition NAME POMERANTZ, SAUL NAME STREET ADDRESS 8600 DECARIE BLVD, SUITE 200 STREET ADDRESS CITY-ST-ZIP TOWN OF MOUNT ROYAL QC CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GATTINGER, FRANKLIN J. NAME STREET ADDRESS 8600 DECARIE BLVD, SUITE 200 STREET ADDRESS CITY-ST-7IP TOWN OF MOUNT ROYAL QC CITY-ST-ZIP TITLE ☐ Delete **ASD** TITLE Change ☐ Addition NAME ESPOSITO, RAPHAEL JR NAME STREET ADDRESS 8600 DECARIE #200 STREET ADDRESS CITY-ST-ZIP MT ROYAL, QC, CANADA CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS

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

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

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