

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90149 008 *****70.00

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1. Entity Name

RENEWING SPIRITSANCTUARY INC



Principal Place of Business

10201 SW 16 STREET
PEMBROKE PINES FL 33025

Mailing Address

931 VILLAGE BLVD.
SUITE 905-354
WEST PALM BEACH FL 33409

2. Principal Place of Business

931 VILLAGE BLVD

3. Mailing Address

Suite, Apt. #, etc.

SUITE 905-354

City & State

WEST PALM BEACH

Zip

33409

Country

FLORIDA

Country

4. FEI Number **65-1055682**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KHAN, STEPHEN M
10201 SW 16 STREET
PEMBROKE PINES FL 33025

7. Name and Address of New Registered Agent

Name **KHAN STEPHEN MUNAAPH**

Street Address (P.O. Box Number is Not Acceptable)

931 VILLAGE BLVD

SUITE 905-354

City

WEST PALM BEACH FL

Zip Code

33409

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **KHAN, STEPHEN M**
STREET ADDRESS **10201 SW 16 ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE **D** ☒ Delete
NAME **KHAN, MARY D**
STREET ADDRESS **10201 SW 16 ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE **D** ☒ Delete
NAME **PERCELL, DORIS T**
STREET ADDRESS **1852 NW 74 TR**
CITY-ST-ZIP **MIAMI FL 33147**

TITLE **D** ☐ Delete
NAME **HINKSON, FRANCILLIA**
STREET ADDRESS **10201 SW 16 ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P/D** ☒ Change ☐ Addition
NAME **KHAN, STEPHEN MUNAAPH**
STREET ADDRESS **931 VILLAGE BLVD SUITE 905-354**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **D** ☐ Change ☒ Addition
NAME **KHAN, ALISON SANDS**
STREET ADDRESS **931 VILLAGE BLVD, SUITE 905-354**
CITY-ST-ZIP **WEST PALM BEACH, FLA. 33409**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **HINKSON, FRANCILLIA**
STREET ADDRESS **931 VILLAGE BLVD SUITE 905-354**
CITY-ST-ZIP **WEST PALM BEACH, FLA. 33409**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Munaaph Khan** 4/24/03 242 365-8199(62) 561-267-7287.

CR2E037 (10/02)