

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

0045419

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1. Entity Name

THE SANCTUARY INC.

04-06-2001 90058 014 ****61.25

Principal Place of Business

2330 WILTON DR
 WILTON MANORS FL 33305
 US

Mailing Address

2330 WILTON DR
 WILTON MANORS FL 33305
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0380515

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ZAHEREK, ANDREW R
2029 N OCEAN BLVD
#106
FORT LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE Delete
 NAME **D ZAHEREK, ANDREW REV**
 STREET ADDRESS **2029 N OCEAN BLVD #106**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33305**

TITLE Delete
 NAME **D WINSTON, GREGG**
 STREET ADDRESS **1439 NE 53RD ST**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE Delete
 NAME **D ZAHEREK, DIANE**
 STREET ADDRESS **2029 N OCEAN BLVD #106**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33305**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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: *Andrew Zaherek* **ANDREW ZAHEREK 4-3-01 954-565-7724**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)