

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000087814 (6)

1. Entity Name

SANCTUARY OCEAN REEF DEVELOPERS, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90263 045 ***150.00

Principal Place of Business
8925 S.W. 148 Street
Suite 218
Miami, Florida 33176

Mailing Address

SAME

2. Principal Place of Business
8925 S.W. 148 Street

3. Mailing Address
8925 S.W. 148 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 218

Suite 218

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

Zip

Country

33176

33176

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0704266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

S.K.R.L.D., INC.

201 Alhambra Circle

Suite 1102

Coral Gables, Florida 33134

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

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee Will Be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution: ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	Lewis, Thomas E.	8925 S.W. 148 St., Ste 218	Miami, Fl. 33176	<input type="checkbox"/>
VPAS	Barnes, Joel D.	8925 S.W. 148 St., Ste 218	Miami, Fl. 33176	<input type="checkbox"/>
ST	Klisiewicz, Frances	8925 S.W. 148 St., Ste 218	Miami, Fl. 33176	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Lewis

April 27, 2000

Date

Daytime Phone #

CR2E037 (9/99)