

2001 UNIFORM BUSINESS REPORT (UBR)

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

09-06-2001 90273 039 ***550.00

DOCUMENT # P95000087814

1. Entity Name

SANCTUARY/OCEAN REEF DEVELOPERS INC.

Principal Place of Business

**8925 SW 148TH STREET
 STE 218
 MIAMI FL 33176
 US**

Mailing Address

**8925 SW 148TH STREET
 STE 218
 MIAMI FL 33176
 US**

2. Principal Place of Business

3326 Mary St.

3. Mailing Address

3326 Mary St.

Suite, Apt. #, etc.

302

Suite, Apt. #, etc.

302

City & State

Coconut Grove, FL

City & State

Coconut Grove, FL

Zip

Country

33133-1900

USA

Zip

Country

33133-1900

USA

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

SKRLD, INC.

201 ALHAMBRA CIRCLE #1102

CORAL GABLES FL 33134

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **LEWIS, THOMAS E**
 STREET ADDRESS **8925 SW. 148 ST #218**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **VPAS** ☐ Delete
 NAME **BARNES, JOEL D**
 STREET ADDRESS **8925 SW. 148 ST #218**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **ST** ☒ Delete
 NAME **KLISIEWECZ, FRANCES**
 STREET ADDRESS **8925 SW. 148 ST #218**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3326 Mary St., Ste 302**
 CITY-ST-ZIP **Coconut Grove, FL 33133-1900**

TITLE ☒ Change ☐ Addition
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 STREET ADDRESS **3326 Mary St., Ste 302**
 CITY-ST-ZIP **Coconut Grove, FL 33133-1900**

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

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Lewis 8/2/01 305-448-4124

Date

Daytime Phone #

CR2E034 (5/01)