

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057352

1. Entity Name

HEART SANCTUARIES INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90045 032 ***150.00

Principal Place of Business

C/O CONNIE STERN
 194 SOUTH ISLAND
 GOLDEN BEACH FL 33160

Mailing Address

C/O CONNIE STERN
 194 SOUTH ISLAND
 GOLDEN BEACH FL 33160-2207

2. Principal Place of Business

1920 E. Hallandale Bch Blvd

Suite, Apt. #, etc.

Suite 906

City & State

Hallandale, FL

Zip

33009

Country

USA

3. Mailing Address 1920 E. Hallandale Blvd Beach Blvd.

Suite, Apt. #, etc.

Suite 906

City & State

Hallandale, FL

Zip

33009

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0847473

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

STERN, CONNIE
 194 SOUTH ISLAND
 GOLDEN BEACH FL 33160

7. Name and Address of New Registered Agent

Name

Jerome H. Stern

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

1920 E. Hallandale Beach Blvd. Ste 906

City

Hallandale

FL

Zip Code

33009

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 *Jerome H. Stern* Jerome H. Stern, President April 24, 2000

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

11. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> Delete
NAME	STERN, CONNIE	
STREET ADDRESS	194 SOUTH ISLAND	
CITY-ST-ZIP	GOLDEN BEACH FL 33160	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RIPSTEIN, JACQUELINE	
STREET ADDRESS	2800 WILLIAMS ISLAND BLVD., SUITE 804	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STERN, JEROME H	
STREET ADDRESS	194 SOUTH ISLAND	
CITY-ST-ZIP	GOLDEN BEACH FL 33160	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	INZELSTEIN, MARC	
STREET ADDRESS	1000 ISLAND BLVD- UNIT 311	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jerome H. Stern* Jerome H. Stern

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2000

Date

954/454-1114

Daytime Phone #

CE 1 014 (3/98)