

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90060 045 \*\*\*150.00

**DOCUMENT # P94000019602**

**1. Entity Name**  
**SENSA, INC.**

**Principal Place of Business**  
**7280 N.W. 77TH STREET**  
**MEDLEY FL 33166**  
**US**

**Mailing Address**  
**P.O. BOX. 520324**  
**MIAMI FL 33152**  
**US**



**2. Principal Place of Business**  
**9785 SW 181 Terrace**  
**Suite, Apt. #, etc.**  
**Suite # 204**

**3. Mailing Address**  
**PO BOX 570536**  
**Suite, Apt. #, etc.**

**City & State**  
**Miami, FL.**  
**Zip**  
**33157**  
**Country**  
**DADE**

**City & State**  
**Miami, FL.**  
**Zip**  
**33257**  
**Country**  
**DADE**

**4. FEI Number**  
**65-0516125**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**MACIVOR, CELESTE B**  
**7280 NW. 77 ST**  
**MIAMI FL 33166**

**7. Name and Address of New Registered Agent**

**Name**  
**Celeste B. MacIvor**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**9841 SW 184<sup>th</sup> Street**  
**City**  
**Miami** **FL** **Zip Code**  
**33157**

**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** *Celeste MacIvor* **02-11-02**  
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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>PVST</b> <b>MACIVOR, TIMOTHY M</b> <b>7280 NW 77 ST</b> <b>MIAMI FL 33166</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> <b>Delete</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> <b>Delete</b>
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> <b>Delete</b>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>PVST</b> <b>MACIVOR, Timothy M</b> <b>9785 SW 181 Terrace, suite # 204</b> <b>Miami, FL, 33157</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>

**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 OF TIMOTHY M MACIVOR President* **12 February 2002** **305 234 16199**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)