

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107806

1. Entity Name
SENTRA, INC.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90470 005 ***158.75

Principal Place of Business

**3214 NE 2ND AVENUE
MIAMI FL 33137**

Mailing Address

**3214 NE 2ND AVENUE
MIAMI FL 33137**

2. Principal Place of Business

3383 NW 7th

3. Mailing Address

3383 NW 7th

Suite, Apt., etc.

305

Suite, Apt., etc.

305

City & State

Miami Fla

City & State

Miami Fla

Zip

33125

Country

USA

Zip

33125

Country

USA

4. FEI Number **65-0368716**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**LANUZA, JOSE A
3214 NE 2ND AVENUE
MIAMI FL 33137**

7. Name and Address of New Registered Agent

Name **JOSE DEARING**

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

3383 NW 7th #305

City

Miami

FL

Zip Code

33125

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]
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, 2001 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 **PSD**
NAME **LANUZA, JOSE A**
STREET ADDRESS **3214 NE 2ND AVE**
CITY-ST-ZIP **MIAMI FL 33137**

☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P-S-D**
NAME **CARMEN D. DEARING**
STREET ADDRESS **3383 NW 7th #305**
CITY-ST-ZIP **Miami FL 33125**

☐ Change ☒ Addition

TITLE
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☐ Change ☐ Addition

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-01 (305) 631-9884
Date Daytime Phone #

CR2E034 (10/00)