

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

City & State

Miami, FL

Zip

33157

Country

DADE

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 184th 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02-11-02

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

Trust Fund Contribution.

☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PVST	☒ Delete
NAME	MACIVOR, TIMOTHY M	
STREET ADDRESS	7280 NW 77 ST	
CITY - ST - ZIP	MIAMI FL 33166	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	PVST	☒ Change ☐ Addition
NAME	MACIVOR, Timothy M	
STREET ADDRESS	9785 SW 181 Terrace, suite # 204	
CITY - ST - ZIP	Miami, FL 33157	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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

12 February 2002 305 234 16199

Date

Daytime Phone #

CR2E034 (9/01)