

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90125 025 ***150.00

DOCUMENT # P99000094608

1. Entity Name
SENS CO.



Principal Place of Business
**460 W. 62ND ST
MIAMI BEACH FL 33140**

Mailing Address
**460 W. 62ND ST
MIAMI BEACH FL 33140**



2. Principal Place of Business
9754 NW 27 Terrace
Suite, Apt. #, etc.

3. Mailing Address
9754 NW 27 Terrace
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Miami, FL
Zip
33172 Country
USA

City & State
Miami, FL
Zip
33172 Country
USA

4. FEI Number
02-0595251 **APPLIED FOR**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHNEIDER, TAMMY
460 WEST 62ND STREET
MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

Name **Schneider, Tammy**
Street Address (P.O. Box Number is Not Acceptable)
9754 NW 27 Terrace
City **Miami** **FL** Zip Code **33172**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Schneider**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02-23-2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **P SCHNEIDER, THOMAS** ☐ Delete
STREET ADDRESS **460 W. 62ND ST**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE
NAME **P Schneider, Thomas** ☒ Change ☐ Addition
STREET ADDRESS **9754 NW 27 Terrace**
CITY-ST-ZIP **Miami, FL 33172**

TITLE
NAME **S SCHNEIDER, TAMMY** ☐ Delete
STREET ADDRESS **460 W. 62ND ST**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE
NAME **S Schneider, Tammy** ☒ Change ☐ Addition
STREET ADDRESS **9754 NW 27 Terrace**
CITY-ST-ZIP **Miami, FL 33172**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Schneider** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-23-03 305-513-2679

Date

Daytime Phone #

CR2E034 (10/02)