

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90063 044 ***150.00

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1. Entity Name
SENSEI CONSULTING, INC.



Principal Place of Business
201 S. BISCAYNE BLVD., #2600
MIAMI FL 33131-4336

Mailing Address
299 W. ENID DR
KEY BISCAYNE FL 33149



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
765 Crandon Blvd

3. Mailing Address
765 Crandon Blvd.

Suite, Apt. #, etc.
PH-2

Suite, Apt. #, etc.
PH-2

City & State

City & State

Key Biscayne FL

Key Biscayne, FL

Zip
33149

Country
US

Zip
33149

Country
U.S.

4. FEI Number **65-1021731**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARDENAS, DIANA
201 S. BISCAYNE BLVD., #2600
MIAMI FL 33131-4336

Name

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

765 Crandon Blvd

PH-2

Key Biscayne

FL

Zip Code

33149

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
STREET ADDRESS
CITY-ST-ZIP
P
CARDENAS, DIANA
299 W ENID DR
KEY BISCAYNE FL 33149

☐ Delete

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

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☐ Change ☐ Addition

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:

Signature Required (Diana Cardenas)

3-3-03

305-632-4030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)