2003 FOR PROFIT CORPORATION

P02000084262

## UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

SENCO INTERNATIONAL TRADING CO.

**FILED** Sep 18, 2003 8:00 am Secretary of State

-2003 90030 033 \*\*\*558.75

		<b>Secr</b> 09-18-
rive suite 904		
L	ane	1 1991/191 111 93(19 1101) 11

Principal Place of Business 2200 S CYPRESS BEND DRIVE SUITE 904 POMPANO BECH FL 33069		Mailing Address 2200 S CYPRESS BEND DRIVE SUITE 904 POMPANO BECH FL 33069							
2. Principal Place of Business 10 Packard Lane 10 Packard			Lane	<u>, , , , , , , , , , , , , , , , , , , </u>	. /		6   } <b>         </b>      <b>  </b>		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MA				
Pal & State	Coast, FL	Palm Coas	+ FL	4.	FEI Number 36-4503	237 AF	oplied For ot Applicable		
3214	Country USA	32164	u SA		Certificate of Status Desired	\$8.75 Add Fee Require			
	6. Name and Address of Current R	egistered Agent			Name and Address of New Registe	ered Agent			
Name Same ENZWEILER, KERRI J  Street Address (RO. Box Number in Not Acceptable)									
	YPRESS BEND DRIVE SUITE 904		Street A	Street Address (P.O. Box Number is Not Acceptable)					
	) BECH FL 33069		10	10 Packard Lane					
رين دين		CitPo	CiPalm Coast FL Zip Code (2)						
8. The above	named entity submits this statement for ions of registered agenti	the purpose of changing its	registered office or	r registered ag	gent, or both, in the State of Florida.	I am familiar with,	and accept		
and obligat			V E.	ال - ما د	10 9-1.	-03			
SĪĞNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Kemi Enzu : Registered Agent signat	ure required when r	reinstating)	DATE			
After Se	ILE NOW!!! FEE IS \$550.00 otember 10, 2003 Fee will be \$750.0	I *	· ·		9. Election Campaign Financin Trust Fund Contribution.		00 May Be		
	Payable to Florida Department of		<b>1</b> 44		DOITIONS (OLIANOES TO OFFICED	AND DIDECTOR	C (NI 11		
10. TITLE	PD · ·	Delete	11.		DDITIONS/CHANGES TO OFFICERS	Change	Addition		
NAME !	ENZWEILER, MELISSA L	Uelete	NAME	Heil.	Michael C.				
STREET ADDRESS	122 ISLE OF VENICE DR APT 4		STREET ADDRESS	10 Pag	ckard Lane		}		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		CITY-ST-ZIP	Palm	coast, FL 32				
TITLE	VD .	☐ Delete	TITLE NAME	PO	eiler Melissa L	Change Change	☐ Addition 6		
name Street address	ENZWEILER, KERRI J 2200 S CYPRESS BEND DRIVE SI	JITF 904	STREET ADDRESS	LU TO	- Packard Lane				
CITY-ST-ZIP**	POMPANO BECH FL 33069	· ***	CITY-ST-ZIP	Palm C	100St, FL 32164				
TITLE	TSD	🔀 Delete	TITLE			🔀 Change	☐ Addition		
NAME	PECORELLA, TRACIE C		NAME	Enzwe	iler Kerri J Kard Lane				
STREET ADDRESS   CITY-ST-ZIP	6934 NW 31ST AVENUE FT LAUDERDALE FL 33309		STREET ADDRESS CITY-ST-ZIP	11/7 2/2 (.)	Coast, FL 3216	4			
TITLE	T D TOPE TO THE TE GOOD	Delete	TITLE	190111	CCLLS. \V 12 30	☐ Change	☐ Addition		
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	-	· · · · · · · · · · · · · · · · · · ·	Change	✓ Addition		
TITLE Name		☐ Delete	TITLE NAME			Change	Addition		
STREET ADDRESS		•	STREET ADDRESS			4			
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition		
NAME Street address			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
				L					

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.

new > 386-986-1808