

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90077 022 ***150.00

DOCUMENT # 442451

1. Entity Name

SENSA EDUCATIONAL SYSTEMS, INC.

Principal Place of Business

**4960 NW 92ND TERR
CORAL SPRGS FL 33067
US**

Mailing Address

**4960 NW 92ND TERR
CORAL SPRGS FL 33067
US**

2. Principal Place of Business

1155 Hillsboro Mile

Suite, Apt. #, etc.
110

3. Mailing Address

1155 Hillsboro Mile

Suite, Apt. #, etc.
110

City & State

Hillsboro Beach, FL

City & State

Hillsboro Beach, FL

Zip

33062

Country

USA

Zip

33062

Country

USA

4. FEI Number

59-1548274

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARON, RICHARD
11077 BISCAYNE BLVD., #307
MIAMI FL 33161**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD SHORE, LARRY 9765 N.E. 63RD PLACE PARKLAND FL 33067	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARON, RICHARD 11077 BISCAYNE BLVD.#307 MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SHORE, BONNIE 9765 N.W. 63RD PLACE PARKLAND FL 33067	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/01 (954) 596-5226

CR2E034 (10/00)