

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **682338**

1. Entity Name

**SISTENSA CORPORATION**

Principal Place of Business

**13899 BISCAYNE BLVD  
#110  
N. MIAMI BEACH FL 33181  
US**

Mailing Address

**13899 BISCAYNE BLVD  
#110  
N. MIAMI BEACH FL 33181  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2040273**

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

**GONZALEZ, EFRAIN  
13899 BISCAYNE BLVD  
#110  
N. MIAMI BEACH FL 33181**

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<b>P GONZALEZ, EFRAIN</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>4942 LE JENNE RD</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE NAME	<b>VPS GONZALEZ, ANA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>4942 LEJENNE RD</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE NAME	<b>VP MORCHAIN, DANIEL</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>4942 LEJEUNE RD</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/10/01 (305) 9872800**

Date

Daytime Phone #

02-13-2001 90599 021 \*\*\*150.00  
09-18-2001 90002 035 \*\*\*550.00

**FILED 682338**

**01 OCT -1 AM 10:06**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

CP2E034 (5/01)