

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 10, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000000675**1. Entity Name
SENGENT, INC.

Principal Place of Business 3300 NORTH PORT ROYALE DRIVE, #448 FORT LAUDERDALE FL 33308	Mailing Address 3300 NORTH PORT ROYALE DRIVE, #448 FORT LAUDERDALE FL 33308
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2. Principal Place of Business 225 NE MIZNER BLVD	3. Mailing Address 225 NE MIZNER BLVD
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Suite, Apt. #, etc. SUITE 325	Suite, Apt. #, etc. SUITE 325
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City & State BOCA RATON FL	City & State BOCA RATON FL
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Zip 33432	Country	Zip 33432	Country
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4. FEI Number 65-0977613	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCORPORATION SERVICE COMPANY
1201 HAYS STREETTALLAHASSEE FL
323012525 US**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 _____ **01/10/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GOLDMAN STANFORD NJR. ONE FINANCIAL CENTER BOSTON MA 02111	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOLINARI GIOEL 3300 NORTH PORT ROYALE DRIVE, #448 FORT LAUDERDALE FL 33308	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ROTHBERG MICHAEL J 3300 NORTH PORT ROYALE DRIVE, #448 FORT LAUDERDALE FL 33308	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ROTHBERG MICHAEL J 225 NE MIZNER BLVD SUITE 325 BOCA RATON FL 33432	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Michael J. Rothberg

CEO 01/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)