

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F96000006227**

1. Entity Name
SEND ELECTRONICS, INC.



FILED
03 JUN -4 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

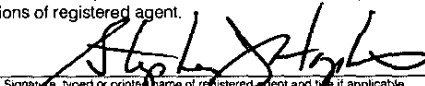
2. Principal Place of Business 10813 N.W. 30TH ST.		3. Mailing Address 77 S. WATER ST	
Suite, Apt. #, etc. SUITE 115		Suite, Apt. #, etc.	
City & State MIAMI, FLA		City & State GREENWICH, CT	
Zip 33172	Country METRO DADE	Zip 06830	Country FAIRFIELD

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2737186		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name CORPORATION SERVICES COMPANY	
	Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST	
	City TALLAHASSEE	Zip Code FL

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.

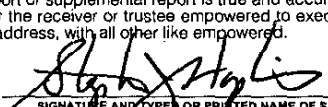
SIGNATURE  **STEPHEN J. HOPKINS**
CONTROLLER **6/4/03**

(NOTE: Registered Agent signature required when re-registering)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO CHRISTOPHER R. DENISCO TACONIC RD - 286 GREENWICH, CT 06830	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500020548775 06/05/03--01093--001 **558.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO LESLY DERENONCOURT 30 MERIDIAN RD STAMFORD, CT 06905	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CONTROLLER STEPHEN J. HOPKINS BRUCE PARK EXT #2 GREENWICH, CT 06830	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GREG HOPKINS PRESIDENT 245 CRANWOOD DR KEY BISCAYNE, FL 33149	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **STEPHEN J. HOPKINS** **6/4/03** **203-532-1212**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0348 (12/02)