2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State
03-07-2003 90063 044 ***150.00

DOCUMENT # P00000070464

1. Entity Name
SENSEI CONSULTING, INC.

Principal Place of Business
201 S. BISCAYNE BLVD., #2600
MIAMI FL 33131-4336

Mailing Address
299 W. ENID DR
KEY BISCAYNE FL 33149

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
765 CRANDON Blvd		765 Crandon Blvd.	
Suite, Apt. #, etc. PH-2		Suite, Apt. #, etc. PH-2	
City & State Key Biscayne FL		City & State Key Biscayne, Fl	
Zip 33149	Country US	Zip 33149	Country U.S.

4. FEI Number 65-1021731 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARDENAS, DIANA
201 S. BISCAYNE BLVD., #2600
MIAMI FL 33131-4336

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 765 CRANDON Blvd
PH-2
City Key BISCAYNE FL Zip Code 33149

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CARDENAS, DIANA 299 W ENID DR KEY BISCAYNE FL 33149 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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.

SIGNATURE: SIGNATURE REQUIRED Diana Cardenas (Diana Cardenas) 3-3-03 305-632-4030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #