

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085031

1. Entity Name

SENSEI MOTORS, INC.

Principal Place of Business

1501 A NORTH STATE RD 7  
HOLLYWOOD FL 33021

Mailing Address

1501 A NORTH STATE RD 7  
HOLLYWOOD FL 33021

2. Principal Place of Business

1501 A North St Rd 7

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Hollywood

City & State

Hollywood

Zip

33021

Country

USA

Zip

Country

4. FEI Number

651037984

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DIAZ, CARLOS A

1501 A NORTH STATE RD 7  
HOLLYWOOD FL 33021

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]*

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

TITLE ☐ Delete

NAME PD  
DIAZ, CARLOS A  
STREET ADDRESS 5316 NW 187 ST  
CITY-ST-ZIP OPA LOCKA FL 33055

TITLE ☐ Delete

NAME VD  
CONCHA, ANDRES F  
STREET ADDRESS 5316 NW 187 ST  
CITY-ST-ZIP OPA LOCKA FL 33055

TITLE ☐ Delete

NAME TD  
HERNANDEZ, JANETH L  
STREET ADDRESS 5316 NW 187 ST  
CITY-ST-ZIP OPA LOCKA FL 33055

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME VD  
CONCHA, ANDRES FELIPE  
STREET ADDRESS 5640 South University Drive Apt 207  
CITY-ST-ZIP DAVIS FL 33314

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

FILED

01 OCT -8 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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-10/19/01-01623-002  
\*\*\*\*550.00 \*\*\*\*550.00