

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

03-04-2002 90026 026 ***150.00

DOCUMENT # P01000095303

1. Entity Name
SENSIBLE CELLULAR INC.

Principal Place of Business
**2397 BENJAMIN AVENUE
 DELRAY BEACH FL 33444**

Mailing Address
**2397 BENJAMIN AVENUE
 DELRAY BEACH FL 33444**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

281 N. FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#5

City & State

City & State

BOCA RATON, FL

4. FEI Number

05 1141107

Applied For

Not Applicable

Zip

Country

Zip

33432

Country

FL

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

**PATRIANA, SEAN M SR.
 2397 BENJAMIN AVENUE
 DELRAY BEACH FL 33444**

Name

PATRIANA, SEAN SR.

Street Address (P.O. Box Number is Not Acceptable)

281 N. FEDERAL HWY

Suite, Apt. #, etc.

#5

City

BOCA RATON

FL

Zip Code

33432

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]

Pres.

2-20-02

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **PATRIANI, SEAN M SR.**
 CITY-ST-ZIP **2397 BENJAMIN AVENUE
 DELRAY BEACH FL 33444**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-02

Date

561 368 4005

Daytime Phone #

CR2E034 (9/01)