

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000032061

1. Entity Name

SENAO INTERNATIONAL (MIAMI), INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90033 019 ***150.00

Principal Place of Business

Mailing Address

2904 NW 72 AVE
MIAMI FL 33122
US

200 SO BISCAYNE BLVD. STE 4100
MIAMI FL 33131-2303

2. Principal Place of Business

3. Mailing Address

2904 N.W. 72nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami

FL

4. FEI Number

65-0673438

Applied For

Not Applicable

Zip

Country

Zip

Country

33122

USA

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

PAN, JESSICA
2904 NW 72ND AVE
MIAMI FL 33122

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, 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, 2000 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 PD
NAME JEFFREY, TEO
STREET ADDRESS 2904 NW 72ND AVE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE Secretary
NAME Jeffrey TEO ☐ Change ☒ Addition
STREET ADDRESS 2904 N.W. 72nd Ave
CITY-ST-ZIP Miami, FL 33122

TITLE D
NAME LIN, PAO YUNG
STREET ADDRESS 2904 NW 72 AVE
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3 / 13 / 2000 (305) 592-5666

CR2E034 (9/99)