

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058643

1. Entity Name
SENDEX INT'L INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90081 027 ***150.00

Principal Place of Business
1990 NE 163 STREET
SUITE 206
MIAMI FL 33162

Mailing Address
1990 NE 163 STREET
SUITE 206
MIAMI FL 33162

2. Principal Place of Business
1990 NE 163rd. #207
Suite, Apt. #, etc.

3. Mailing Address
1990 NE 163rd. #207
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
N.M.B. FL
Zip
33162
Country
U.S.A.

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N.M.B. FL
Zip
33162
Country
U.S.A.

4. FEI Number 65-0847312
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ABDULHAK, SHEIK
1990 N.E. 167TH STREET
SUITE 206
MIAMI FL 33162

7. Name and Address of New Registered Agent
Name Abdulhak Sheikh
Street Address (P.O. Box Number is Not Acceptable)
1990 NE 163rd. St #207
City N.M.B. FL Zip Code 33162

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 *Abdulhak Sheikh* DATE 4/19/01
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABDULHAK, SHEIK F 1990 N.E. 167TH STREET SUITE 206 MIAMI FL 33162 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ABDULHAK 1990 NE 163rd. Suite 207 N.M.B., FL, 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: *Abdulhak Sheikh* DATE 4/19/01 305-945-9244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)