

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062082

Entity Name

SENSATIONALS BY DARY REES, INC.

FILED  
May 31, 2000 8:00 am  
Secretary of State

05-31-2000 90050 022 \*\*\*150.00

Principal Place of Business  
20725 NE 16th Avenue  
# 24  
MIAMI BEACH, FL 33179

Mailing Address  
20725 NE 16th Avenue  
# 24  
N. MIAMI BEACH, FL 33179

Principal Place of Business  
3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number  
22-3592995

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

REES, DARY  
20725 NE 16th Avenue  
# 24  
N. MIAMI BEACH, FL 33179

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

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

OFFICERS AND DIRECTORS

P  
REES, DARY  
20725 NE 16th Ave. #24  
N. MIAMI BEACH, FL 33179

Delete

Delete

Delete

Delete

Delete

Delete

12.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 #