

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013445

1. Entity Name
SENETINER S.A., INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90014 025 ***550.00

Principal Place of Business
**16445 COLLINS AVENUE
UNIT 2128
SUNNY ISLES BEACH FL 33180**

Mailing Address
**16445 COLLINS AVENUE
UNIT 2128
SUNNY ISLES BEACH FL 33180**

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0894702

Applied For

Not Applicable

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

**WASERSTEIN, RICHARD ESQ.
913 NORMANDY DRIVE
MIAMI BEACH FL 33141**

Name

MAURICE BORYSOWSKI

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

17140 COLLINS AVE. STE. 101

City

SUNNY ISLES BEACH

FL

Zip Code

33160

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 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTSD
SENETINER, ADRIANO
16445 COLLINS AVENUE
SUNNY ISLES BEACH FL 33180** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
SENETINER, DONATELLA
16445 COLLINS AVENUE
SUNNY ISLES BEACH FL 33180** ☐ Delete

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

TITLE
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/2000 (305) 945-7289
Date Daytime Phone #

CR2E034 (5/00)