

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030190

1. Entity Name

SENSIT, INC.

FILED

May 31, 2000 8:00 am
Secretary of State

05-31-2000 90011 023 ***150.00

Principal Place of Business

Mailing Address

~~2507 S.W. 177TH AVENUE~~
MIRAMAR FL 33029

~~2507 S.W. 177TH AVENUE~~
MIRAMAR FL 33029-5137

2. Principal Place of Business

18420 SW 4TH STREET

3. Mailing Address

18420 SW 4TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL,

City & State

PEMBROKE PINES FL,

4. FEI Number

65-0908743

Applied For

Not Applicable

Zip

33029

Country

USA

Zip

22029

Country

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

CORDEIRO, CELSO B

~~2507 S.W. 177TH AVENUE~~

~~MIRAMAR FL 33029~~

Name

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

18420 SW 4TH STREET

City

PEMBROKE PINES

FL

Zip Code
33029

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 PRESIDENT ☐ Delete

NAME NEY SEBASTIAO MONTEIRO

STREET ADDRESS ~~2507 SW 177TH AVENUE~~

CITY-ST-ZIP ~~MIRAMAR FL, 33029~~

TITLE SECRETARY ☐ Delete

NAME CELSO B. CORDEIRO

STREET ADDRESS ~~2507 SW 177TH AVENUE~~

CITY-ST-ZIP ~~MIRAMAR FL, 33029~~

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS 18420 SW 4TH STREET

CITY-ST-ZIP PEMBROKE PINES FL, 33029

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS 18420 SW 4TH STREET

CITY-ST-ZIP PEMBROKE PINES FL, 33029

TITLE ☐ Change ☐ Addition

NAME

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CITY-ST-ZIP

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 of Celso B. Cordeiro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)