

2000 UNIFORM BUSINESS REPORT (UP-1)

FILED
Jun 19, 2000 8:00 am
Secretary of State
 06-19-2000 90007 005 ***158.75

DOCUMENT # **P99000046776**
 1. Entity Name
CORPORACION SENSACIONAL, INC. **(R)**

Principal Place of Business Mailing Address
5695 W FLAGLER TH STREET
MIAMI FL 33134

2. Principal Place of Business 3. Mailing Address
SAME ABOVE **SAME ABOVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Zip Country City & State Zip Country
USA **USA**

4. FEI Number **65-0928618** Applied For
 Not Applicable
 5. Certificate of Status Desired **X** **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
JOSEPH M. SIMON
5695 W. FLAGLER ST.
MIAMI FL 33134

7. Name and Address of New Registered Agent
 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 **JOSEPH M. SIMON** **6/13/00**
 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. ☐ **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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
PRESIDENT - TREASURY					
JOSEPH M. SIMON					
14901 SOUTH BISCAYNE DRIVE					
MIAMI, FL 33168					
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
VICE-PRESIDENT - SECRETARY - DIRECTOR					
ELIZABETH VIRGILE					
510NE 180TH ST DRIVE					
MIAMI, FL 33162					
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DIRECTOR					
GILBERTE P SIMON					
14901 SOUTH BISCAYNE RIVER DR					
MIAMI, FL 33168					
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **JOSEPH M. SIMON (Dir.)** **6/13/00** **(305) 261-0295**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)