

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057366

1. Entity Name
CULTURESENSE INTERNATIONAL, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90146 016 ***150.00

Principal Place of Business
7027 W BROWARD BLVD. PMB #375
PLANTATION FL 33317

Mailing Address
7027 W BROWARD BLVD. PMB #375
PLANTATION FL 33317

2. Principal Place of Business
5155 MEDORAS AVE.
Suite, Apt. #, etc.

3. Mailing Address
5155 MEDORAS AVE.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ST. AUGUSTINE, FL

City & State
ST. AUGUSTINE, FL

4. FEI Number 65-0941132

Applied For
Not Applicable

Zip 32080 Country U.S.A.

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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

HERRERA, SUSAN W
6300 SW 5TH ST
PLANTATION FL 33317

new address

Name Same
Street Address (P.O. Box Number is Not Acceptable)
5155 MEDORAS AVE.
City ST. AUGUSTINE FL Zip Code 32080

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 Susan W. Herrera
Signature, typed or printed name of registered agent and title if applicable.

4/13/2001

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HERRERA, SUSAN W	
STREET ADDRESS	7027 W BROWARD BLVD, PMB #375	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERRERA, JORGE M	
STREET ADDRESS	7027 W BROWARD BLVD, PMB #375	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN W. HERRERA	
STREET ADDRESS	5155 MEDORAS AVE.	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORGE M. HERRERA	
STREET ADDRESS	5155 MEDORAS AVE.	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Susan W. Herrera SUSAN W. HERRERA (904) 460-9597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)