

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063834

1. Entity Name

SENSE HOLDINGS, INC.

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90104 043 ***150.00

Principal Place of Business

7300 W. MCNABB ROAD
3117
TAMARAC FL 33321

Mailing Address

7300 W. MCNABB ROAD
3117
TAMARAC FL 33321

2. Principal Place of Business

7300 W. McNab Rd

3. Mailing Address

Suite, Apt. #, etc.
#117

Suite, Apt. #, etc.

City & State
Tamarac Fla.

City & State

Zip
33321

Country
USA

Zip

Country

4. FEI Number 65-0859753

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDRICH, ANDREW
10871-NORTHWEST 52ND STREET, SUITE 3
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name Andrew Goldrich
Street Address (P.O. Box Number is Not Acceptable)
7300 W. McNab Rd
Suite 117
City Tamarac 1 FL Zip Code 33321

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 *Andrew Goldrich*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/01
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

TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDRICH, ANDREW	
STREET ADDRESS	7300 W. MCNABB ROAD	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	Dore Perler	<input type="checkbox"/> Delete
NAME	7300 W. McNab Rd #117	
STREET ADDRESS	Tamarac Fla. 33321	
CITY-ST-ZIP		
TITLE	Shawn Tartaglia	<input type="checkbox"/> Delete
NAME	7300 W. McNab Rd #117	
STREET ADDRESS	Tamarac, Fla. 33321	
CITY-ST-ZIP		
TITLE	Julie Slater	<input type="checkbox"/> Delete
NAME	Same	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 9547261422
Date Daytime Phone #

CR2E034 (10/00)