

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90008 048 ***150.00

DOCUMENT # P99000063834

1. Entity Name

SENSE HOLDINGS, INC.

Principal Place of Business

**7300 W MCNAB ROAD
 #117
 TAMARAC FL 33321**

Mailing Address

**7300 W MCNAB ROAD
 #117
 TAMARAC FL 33321**

2. Principal Place of Business

3. Mailing Address

4503 NW 103RD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 200

City & State

City & State

SUNRISE, FL

Zip

Country

Zip

Country

33351

FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLDRICH, ANDREW
 7300 W MCNAB ROAD
 TAMARAC FL 33321**

Name

GOLDRICH, ANDREW

Street Address

4503 NW 103rd Ave.

Suite 200

Sunrise, Florida 33351

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

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, 2002 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	GOLDRICH, ANDREW	
STREET ADDRESS	7 4503 NW 103rd Ave.	
CITY-ST-ZIP	1 Suite 200 Sunrise, Florida 33351	
TITLE	L	<input type="checkbox"/> Delete
NAME	PERLER, DAVE	
STREET ADDRESS	7 4503 NW 103rd Ave.	
CITY-ST-ZIP	1 Suite 200 Sunrise, Florida 33351	
TITLE	D	<input type="checkbox"/> Delete
NAME	TARTEGLIA, SHAWN	
STREET ADDRESS	4503 NW 103rd Ave.	
CITY-ST-ZIP	Suite 200 Sunrise, Florida 33351	
TITLE	S	<input type="checkbox"/> Delete
NAME	SLATER, JULIE	
STREET ADDRESS	4503 NW 103rd Ave.	
CITY-ST-ZIP	Suite 200 Sunrise, Florida 33351	
TITLE		<input type="checkbox"/> Delete
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

Date

Daytime Phone #

CR2E034 (9/01)