2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR P99000105071

1. Entity Name

CITY-ST-ZIP

SENNAS BRICK & TILE, INC.

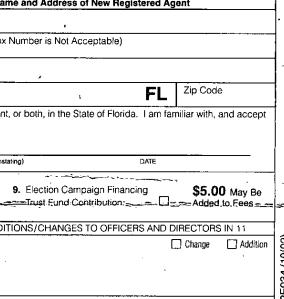
DOCUMENT #



Principal Place of Business Mailing Address 4990 LIGHTHOUSE CIRCLE 4990 LIGHTHOUSE CIRCLE SUITE J SUITE J COCONUT CREEK FL 33063 COCONUT CREEK FL 33063 2. Principal Place of Business 3. Mailing Address =Suite, Apt. #; etc Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0962201 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BATISTA, GERSSI D Street Address (P.O. Box Number is Not Acceptable) 4840 MARINERS WAY # F **COCONUT CREEK FL 33063** City 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. I am familiar with, and accept -the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May-1, 2003-Fee will be \$550.00 -Trust Fund Contribution: Added to Fees -Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition BATISTA, GERSSI D NAME NAME 4840 MARINERS WAY # F STREET ADDRESS STREET ADDRESS COCONUT CREEK FL 33063 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

Mar 21, 2003 8:00 am 8 Secretary of State **FILED**

03-21-2003 90106 029 ***150.00



12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-7IP

SIGNATURE