

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90703 001 ***150.00

DOCUMENT # P00000038589



1. Entity Name
SELENA INTERNATIONAL, INC.

| | |
|--|--|
| Principal Place of Business 100 LINTON BLVD SUITE 113B DELRAY BEACH FL 33483 | Mailing Address 100 LINTON BLVD SUITE 113B DELRAY BEACH FL 33483 |
|--|--|



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|---|---|
| 2. Principal Place of Business 2800 SW 22ND AVE Suite, Apt. #, etc. STE 102 | 3. Mailing Address 2800 SW 22ND AVE Suite, Apt. #, etc. STE 102 |
|---|---|

CHECK HERE IF MAKING CHANGES

| | | | |
|--|--|------------------------------------|--|
| City & State DELRAY BEACH FL | City & State DELRAY BEACH FL | 4. FEI Number 65-1003885 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33445 | Country USA | Zip 33445 | Country USA |

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SARGIS, BADALYAN
100 LINTON BLVD
SUITE 113B
DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
2800 SW 22ND AVE STE 102
City **DELRAY BEACH** FL Zip Code **33445**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALAVERDIAN, TIGRAN 2800 SW 22ND AVENUE SUITE 102 DELRAY BEACH FL 33445 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BADALIAN, SANGIS 2800 SW 22ND AVE STE 102 DELRAY BEACH FL 33445 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE: SIGNATURE TIGRAN ALAVERDIAN 03/12/03 (581)3308595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)