

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90138 014 ***150.00

17-41153 AV

DOCUMENT # P00000040219



1. Entity Name
SELECT TELE MARKETING CORP.

Principal Place of Business
1414 N.W. 107 AVE.
SUITE 302
MIAMI FL 33172

Mailing Address
1414 N.W. 107 AVE.
SUITE 302
MIAMI FL 33172



2. Principal Place of Business
1414 N.W. 107 AVE
Suite, Apt. #, etc.
SUITE 306

3. Mailing Address
1414 N.W. 107 AVE.
Suite, Apt. #, etc.
SUITE 306

CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL
Zip
33172 Country
USA

City & State
MIAMI, FL
Zip
33172 Country
USA

4. FEI Number **65-1012865**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HORMAZABIL, FREDDY
11775 S.W. 92 LANE
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HORMAZABIL, FREDDY 11775 S.W. 92 LANE MIAMI FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FONTENELE, ROBERTO F 7109 N.W. 111 AVE. MIAMI FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FUENTES, ANGEL D 9955 SW 153 STREET MIAMI FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **FREDDY HORMAZABIL** Date: **1-16-03** Daytime Phone #: **786-845-0915**

CR2E034 (10/02)