

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071860

1. Entity Name

SELO ENTERPRISES, INC.

FILED

Feb 22, 2000 8:00 am  
Secretary of State

02-22-2000 90042 019 \*\*\*150.00

Principal Place of Business

15801 COLLECTING CORAL RD  
LOXAHATCHEE FL 33470  
US

Mailing Address

P.O. BOX 190  
LOXACHATCHEE FL 33470-0190  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0692794

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

A.G.C. CO.  
200 SOUTH ORANGE AVENUE  
2300 SUN BANK CENTER  
ORLANDO FL

Name

EDWARD W. STILLMAN

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

11288 41ST CT. N

City

ROYAL PALM BEACH

FL

Zip Code

33411

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, 2000 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 checked="" type="checkbox"/> Delete
NAME	FREEDMAN, SETH J	
STREET ADDRESS	6549 NW 97TH DR	
CITY-ST-ZIP	PARKLAND FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	FREEDMAN, LAURA	
STREET ADDRESS	6549 NW 97TH DR	
CITY-ST-ZIP	PARKLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT / DIRECTOR / TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD W. STILLMAN	
STREET ADDRESS	11288 41ST CT. N	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	CHAIRMAN OF THE BOARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY M. SODY	
STREET ADDRESS	13344 NW 11TH PLACE	
CITY-ST-ZIP	SUNRise FL 33323	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY GOLDMAN	
STREET ADDRESS	20901 ST. ANDREWS BLVD. #5	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM SORREN	
STREET ADDRESS	1500 W. 25TH ST.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
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:

EDWARD W. STILLMAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/00

Date

561-793-7585

Daytime Phone #

CR 02/24/0001