2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000071860

Title:

Name: Address:

City-St-Zip:

Entity Name: SELO ENTERPRISES, INC.

FILED Jan 24, 2002 8:00 AM Secretary of State

Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
	LECTING COF CHEE, FL 334					
Current Ma	ailing Address	::	New Mailii	New Mailing Address:		
P.O. BOX 1 LOXACHA	90 TCHEE, FL 33	470 US				
FEI Number:	65-0692794	FEI Number Applied For()	FEI Number Not Appli	cable () Certificate	e of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
11288 41S	EDWARD W FCT N LM BEACH, FL	. 33411 US				
The above in the State		ubmits this statement for the	purpose of changing it	s registered office or re	gistered agent, or both,	
SIGNATUR	E:					
	Electroni	c Signature of Registered Ag	jent	D	ate	
•	_	satisfy its Intangible Tax filing re Trust Fund Contribution ().	quirement and elects to d	o so (X).		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	STILLMAN, EDW 11288 41ST CT		Title: Name: Address: City-St-Zip:	()Change()) Addition	
Title: Name: Address: City-St-Zip:	CD () SODY, STANLEY 13344 NW 11TH SUNRISE, FL 33	PLACE	Title: Name: Address: City-St-Zip:	()Change()) Addition	
Title: Name: Address: City-St-Zip:	D () GOLDMAN, LAR 3195 SHARP RO GLENWOOD, M	AD	Title: Name: Address: City-St-Zip:	D (X) Change (GOLDMAN, LARRY 13344 NW 11TH PLACE SUNRISE, FL 33323) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: EDWARD W. STILLMAN MR. 01/24/2002

() Delete

SORREN, WILLIAM

MIAMI BEACH, FL 33140

1500 W 25TH ST

() Change () Addition