

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

0229393

DOCUMENT # P99000059141

1. Entity Name
SELECT HOLDINGS COMPANY

05-11-2001 90037 001 ***150.00

Principal Place of Business 2875 N.E. 191ST STREET SUITE 500 AVENTURA FL 33180	Mailing Address 2875 N.E. 191ST STREET SUITE 500 AVENTURA FL 33180
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 100 S. Biscayne Blvd., #1100	3. Mailing Address 100 S. Biscayne Blvd., #1100
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Suite, Apt. #, etc. #1100	Suite, Apt. #, etc. #1100
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City & State Miami, FL.	City & State Miami, FL.
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Zip 33131	Country USA	Zip 33131	Country USA
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4. FEI Number 65-0931659	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ROSENTHAL, KERRY E
2875 N.E. 191ST STREET
SUITE 500
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name Jerome Hollo		
Street Address (P.O. Box Number is Not Acceptable) 100 S. Biscayne Blvd., #1100		
City Miami	FL	Zip Code 33131

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.

Jerome Hollo 4/20/01
(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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARONN, LOUIS 2875 N.E. 191ST STREET AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tibor Hollo 100 S. Biscayne Blvd., #1100 Miami, FL. 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIBOR HOLLO

4/18/01

Date

Daytime Phone #

CR2E034 (10/00)