

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90815 032 ***163.75

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DOCUMENT # P99000093544

1. Entity Name
SELECTIVE DESIGN, INC.



Principal Place of Business
**8058 NW 66 ST
MIAMI FL 33166**

Mailing Address
**10379 S.W. 26 TERRACE
MIAMI FL 33165**



2. Principal Place of Business
MIAMI FL

3. Mailing Address
PO BOX 7806

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0965266**

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

City & State **MIAMI FL**

Zip **33166** Country **USA**

6. Name and Address of Current Registered Agent

**SUAREZ, RAMON
10379 S.W. 26 TERRACE
MIAMI FL 33165**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SUAREZ, RAMON 10379 S.W. 26 TERRACE MIAMI FL 33165 <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: [Signature] 4/25/03 Date 305-219-2104 Daytime Phone #

CR2E034 (10/02)