

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90022 038 \*\*\*150.00

769713

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** L49724

1. Entity Name

SELRA ENTERPRISES INC.

Principal Place of Business

7600 NW 68TH STREET  
 MIAMI, FL 33166  
 US

Mailing Address

7600 NW 68TH STREET  
 MIAMI, FL 33166  
 US

2. Principal Place of Business

7600 NW 68TH STREET

3. Mailing Address

7600 NW 68TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 MIAMI, FL

City & State  
 MIAMI, FL

4. FEI Number  
 65-0256960

Applied For  
 Not Applicable

Zip  
 33166

Country  
 USA

Zip  
 33166

Country  
 USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

## 6. Name and Address of Current Registered Agent

JOHN E HARTWELL  
 3640 SW 185TH AVENUE  
 MIRAMAR, FL 33029

## 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.

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, 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 PD  
 NAME JOHN E HARTWELL ☐ Delete  
 STREET ADDRESS 3640 SW 185TH AVENUE  
 CITY-ST-ZIP MIRAMAR, FL 33029

TITLE VSTD  
 NAME LINDA HARTWELL ☐ Delete  
 STREET ADDRESS 3640 SW 185TH AVENUE  
 CITY-ST-ZIP MIRAMAR, FL 33029

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:** *John E Hartwell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-01 305-885-1429

CR2E034 (11/00)