2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an audress, with all other like empowered.

FILED May 01, 2000 8:00 am Secretary of State **DOCUMENT # 427093** 1. Entity Name SEL ADVERTISING, INC. 05-01-2000 90490 019 ***150.00 Principal Place of Business Mailing Address 2925 SW 69TH AVE 2925 SW 69TH AVE MIAMI FL 33155-3829 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1671031 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name --CAUBI, LUIS FERNANDEZ Street Address (P.O. Box Number is Not Acceptable) 1901 NW 17TH AVE MIAMI FL 33125 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!!-FEE:IS:\$150:00 9. This corporation is eligible to satisfy its intangible 10: Election Campaign Financing \$5:00 May Be AREX MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. [] Change ☐ Addition SPT Delete TITLE TITLE SELEM.ANGEL NAME STREET ADDRESS 2925 SW 69TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition TITLE ☐ Delete TITLE NAME SELEM, CARMINA NAME STREET ADDRESS 2925 SW 69TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIĀMI FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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