

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90694 042 ***150.00

DOCUMENT # F02000001373

1. Entity Name
SCHEDULE S.R. LTDA, INC.



Principal Place of Business
**8235 NW 64 STREET BAY 1
MIAMI FL 33166**

Mailing Address
**8235 NW 64 STREET BAY 1
MIAMI FL 33166**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
4160 NW 79TH AVE

3. Mailing Address
4160 NW 79TH AVE

Suite, Apt. #, etc.
1G

Suite, Apt. #, etc.
1G

City & State
MIAMI FL

City & State
MIAMI, FL

Zip
33166

Country
US

Zip
33166

Country
US

4. FEI Number
98-0374328

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SELEM, TOMAS
8235 NW 64 STREET BAY 1
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name
TOMAS SELEM

Street Address (P.O. Box Number is Not Acceptable)
4160 NW 79TH AVE

1G

City
MIAMI

FL

Zip Code
33166

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 **Tomas Selem**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/23/2003
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
SELEM, TOMAS
8235 NW 64 STREET BAY 1
MIAMI FL 33166** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
SALAZAR, ADRIANA
8235 NW 64 STREET BAY 1
MIAMI FL 33166** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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☐ Change ☐ Addition

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

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:

TOMAS SELEM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/2003/305 7980042
Date Daytime Phone #

CR2E034 (10/02)