

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

01-10-2003 90063 039 ***150.00
F96000006236

DOCUMENT # **F96000006236**

1. Entity Name
SELECT AGENCIES N.V.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 JAN 27 PM 2:26

Principal Place of Business
**% SANDRA R. DE MARCHENA
7126 SW 48 LANE
MIAMI FL 33155**

Mailing Address
**% SANDRA R. DE MARCHENA
7126 SW 48 LANE
MIAMI FL 33155**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number **98-0070956**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE MARCHENA, SANDRA R
7126 SW 48 LANE
MIAMI FL 33155**

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

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

(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 **CP** Delete
DELVALLE, EUNICE
STREET ADDRESS **DOORMANWEG 51**
CITY-ST-ZIP **CURACAO, NETH. ANTILLES**

TITLE
NAME **DELVALLE, EUNICE** Change Addition
STREET ADDRESS **TROMPET BLOEMWEG 14**
CITY-ST-ZIP **CURACAO, NETH. ANTILLES**

TITLE
NAME **M** Delete
MARCHENA, SANDRA R
STREET ADDRESS **7126 48 LN**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/2003 305-663-0506

CFR2034 (10/02)