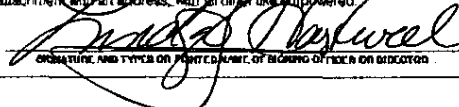


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90211 003 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L49724		
1. Entity Name SELRA ENTERPRISES INC.		
Principal Place of Business 7600 NW 68TH ST MIAMI, FL 33166 US		Mailing Address 7600 NW 68TH ST MIAMI, FL 33166 US
2. Principal Place of Business 9380 NW 100th St State, Apt. #, etc.		3. Mailing Address 9380 NW 100th St State, Apt. #, etc.
City & State Medley FL Zip 33178 Country USA		4. FEI Number 65-0256880 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent HARTWELL, JOHN E 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ DATE _____ (Signature, type the printed name of registered agent and date is applicable. (NOTE: Registered Agent Signature required when submitting.)		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		CH25034 (10/02)
10. OFFICERS AND DIRECTORS		
TITLE: PO ☐ Delete		
NAME: HARTWELL, JOHN E		
STREET ADDRESS: 3640 SW 185TH AVENUE		
CITY-STATE-ZIP: MIRAMAR, FL 33029		
TITLE: VSTD ☐ Delete		
NAME: HARTWELL, LINDA		
STREET ADDRESS: 3640 SW 185TH AVENUE		
CITY-STATE-ZIP: MIRAMAR, FL 33029		
TITLE: ☐ Delete		
NAME:		
STREET ADDRESS:		
CITY-STATE-ZIP:		
TITLE: ☐ Delete		
NAME:		
STREET ADDRESS:		
CITY-STATE-ZIP:		
TITLE: ☐ Delete		
NAME:		
STREET ADDRESS:		
CITY-STATE-ZIP:		
TITLE: ☐ Delete		
NAME:		
STREET ADDRESS:		
CITY-STATE-ZIP:		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 affidavit with an address, and is either the incorporator.		
SIGNATURE: 		4-30-03 305-885-1429