2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like

Feb 05, 2002 8:00 am DOCUMENT # P00000038589 **Secretary of State** 1. Entity Name 02-05-2002 90126 012 ***150.00 SELENA INTERNATIONAL, INC. Principal Place of Business Mailing Address 2800 SW 22ND AVENUE SUITE 102 2800 SW 22ND AVENUE SUITE 102 DELRAY BEACH FL 33445 DELRAY BEACH FL 33445 3. Mailing Address 2. Principal Place of Business OO LINTON BUD OO LINTON BLUD DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1003885 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALAVERDIAN, TIGRAN Street Address (P.O. Box Number is Not Acceptable) 2800 SW 22ND AVENUE SUITE 102 **DELRAY BEACH FL 33445** OOLINTON BEND, SHITE 113B 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/01) ☐ Delete TITLE TITLE NAME ALAVERDIAN, TIGRAN NAME STREET ADDRESS STREET ADDRESS 2800 SW 22ND AVENUE SUITE 102 CITY-ST-ZIP **DELRAY BEACH FL 33445** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME BADALIAN, SANGIS STREET ADDRESS STREET ADDRESS 2800 SW 22ND AVE STE 102 CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33445** ☐ Delete ☐ Change Addition TITLE TITLE NAME - -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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