

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90215 034 ***150.00

DOCUMENT # P00000073852

1. Entity Name
SELECTOR CAPITAL MANAGEMENT CORP.

Principal Place of Business Mailing Address
481 SO MASHTA DRIVE 481 SO MASHTA DRIVE
KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149

2. Principal Place of Business 3. Mailing Address
2655 LE JEUNE ROAD 2655 LE JEUNE ROAD
 Suite, Apt. #, etc. Suite, Apt. #, etc.
517 517

City & State City & State
CORAL GABLES, FL CORAL GABLES, FL

Zip Country Zip Country
33134 U.S.A. 33134 U.S.A.

4. FEI Number Applied For
65-1036158 Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name
SALINA Y. LOVE
 Street Address (P.O. Box Number is Not Acceptable)
2655 LE JEUNE ROAD, SUITE 517
 City
CORAL GABLES FL Zip Code 33134

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 *Salina Love*, Salina Love, Chief Executive Officer 3/9/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ROTHFELDT, MARC**
 CITY-ST-ZIP **481 SO MASHTA DRIVE**
KEY BISCAYNE FL 33149

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KLEMMING, DENNIS**
 CITY-ST-ZIP **481 SO MASHTA DRIVE**
KEY BISCAYNE FL 33149

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition
 NAME **P**
 STREET ADDRESS **SALINA Y. LOVE**
 CITY-ST-ZIP **2655 LE JEUNE ROAD, SUITE 517**
CORAL GABLES, FL 33134

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

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

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

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

SIGNATURE: *Salina Love* Salina Love, CEO, 3/9/2001 305-779-3092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)