

03-  
2004 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000058142**

1. Entity Name  
**Selenium Investment, Corp**

ADM  
DIS

FILED

04 MAY -3 PM 5:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>5805 Blue Lagoon Dr</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State <b>Miami, FL 33126</b>		City & State	
Zip <b>33126</b>	Country	Zip	Country
4. FEI Number <b>51 04 22 592</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Luis Vigo**  
Street Address (P.O. Box Number is Not Acceptable)  
**5805 Blue Lagoon Dr Ste #265**  
City **Miami** FL Zip Code **33126**

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

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

(NOTE: Registered Agent signature required when reinstating)

3/20/04

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP <b>President Cora, Carlos 2875 N.E. 1st St 801 Miami, FL 33126</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>100036199381 05/12/04--01048--017 **300.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/04

Daytime Phone #

Attachment

pg 2 of 2

#PO2000058142

March 20, 2004

SELENIUM INVESTMENTS, CORP.  
5805 BLUE LAGOON DR STE# 285  
MIAMI, FL 33126  
FEIN # 51-0422592  
REF: ANNUAL REPORT

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

ATTENTION: GENTLEMEN

THIS IS TO INFORM YOU THAT MY LATE PAYMENT WAS  
UNINTENTIONAL DUE TO THE FACT I NEVER RECEIVED THE ANNUAL  
REPORT. THE REASON BEING THAT I CHANGED MY BUSINESS LOCATION.  
IF YOU COULD WAIVE THE LATE FEE, IT WOULD BE KINDLY APPRECIATED.

IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE CONTACT MY  
ACCOUNTANT, LADISLAO VIGO AT (305)-266-1812. THANK YOU

SINCERELY,



DR. CARLOS COIRA  
PRESIDENT OF SELENIUM INVESTMENTS, CORP.