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Jul 11, 2002 8:00 am
Secretary of State
05-27-2002 90436 038 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000047164

Entity Name
SELECT TRANSFER, INC.

38584

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE	
7215 NW 41 STREET	PO BOX 59-1392		
Suite, Apt. #, etc.: BAY I	Suite, Apt. #, etc.:		
City & State: MIAMI, FL	City & State: MIAMI, FL	4. FEI Number: 650502202	Applied For / Not Applicable
Zip: 33166 Country: USA	Zip: 33159-1392 Country: USA	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DANIEL E. GUERRA

Street Address (P.O. Box Number is Not Acceptable):
7215 N.W. 41 STREET UNIT I

City: MIAMI FL Zip Code: 33166

6. 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: DANIEL E. GUERRA 4/30/02
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when changing. DATE

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

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

11. OFFICERS AND DIRECTORS

TITLE: P		TITLE:	
NAME: DANIEL E. GUERRA		NAME:	
STREET ADDRESS: 155 OCEAN LANE DR #611		STREET ADDRESS:	
CITY-ST-ZIP: KEY BISCAYNE, FL 33149		CITY-ST-ZIP:	
TITLE: VP		TITLE:	
NAME: MIGUEL J. CANAL		NAME:	
STREET ADDRESS: 155 OCEAN LANE DR #611		STREET ADDRESS:	
CITY-ST-ZIP: KEY BISCAYNE, FL 33149		CITY-ST-ZIP:	
TITLE: S		TITLE:	
NAME: LILIANA C. GUERRA		NAME:	
STREET ADDRESS: 155 OCEAN LANE DR #611		STREET ADDRESS:	DO NOT WRITE
CITY-ST-ZIP: KEY BISCAYNE, FL 33149		CITY-ST-ZIP:	
TITLE:		TITLE:	IN THIS SPACE
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:		TITLE:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:		TITLE:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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 on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL E. GUERRA 04/30/02 305 477-7750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #