

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000066259

1. Entity Name

SELCAS, INC.

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90187 003 ***150.00

Principal Place of Business

Mailing Address

100 N BISCAYNE BLVD
21ST FLOOR
MIAMI FL 33132-2306

100 N BISCAYNE BLVD
21ST FLOOR
MIAMI FL 33132-2306



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9300 Bay Harbor ter.

9300 Bay Harbor ter.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt 6 A

Apt 6 A

City & State

City & State

Bay Harbor Island. FL

Bay Harbor Island. FL

Zip

Country

Zip

Country

33154

U.S.A.

33154

U.S.A.

4. FEI Number

65-0687896

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TEMPRANO, FRANCISCO
801 BRICKELL AVE
20TH FLOOR
MIAMI FL 33131

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.

SIGNATURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS S. DE HELO, CARMEN
CITY-ST-ZIP 9300 BAY HARBOR TER APT 7D
BAY HARBOR ISLANDS FL 33154

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

TITLE ☐ Delete
NAME D
STREET ADDRESS S. DE HELO, SCARLETT S
CITY-ST-ZIP 9300 BAY HARBOR TER APT 7D
BAY HARBOR ISLANDS FL 33154

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carmen S. de. Helo

April 16/01

Date

325-868-9511

Daytime Phone #

CR2E034 (10/00)