

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-11-2002 90143 050 ***150.00

DOCUMENT # P96000054288
 1. Entity Name
SELVA USA, INC.

Principal Place of Business 2999 NE 191ST ST PH2 AVENTURA FL 33180	Mailing Address 2999 NE 191ST ST PH2 AVENTURA FL 33180
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 65-0682976	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent

~~CONFORMING COPY~~ **Nedda, RYAN**
 2999 NE 191ST ST
 PH2
 AVENTURA FL 33180

7. Name and Address of New Registered Agent

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 *Nedda Ryan* **ACCOUNTING MANAGER** 1/21/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 - NAME STREET ADDRESS CITY-ST-ZIP	D PEISACH, ALBERTO 2999 NE 191ST ST AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	D LEVI, HENRI 2999 NE 191ST ST AVENTURA FL 33180	<input checked="" type="checkbox"/> Delete
TITLE - NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE - NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE - NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE - NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE - NAME STREET ADDRESS CITY-ST-ZIP	Jaime Lederman 2999 NE 191ST STREET AVENTURA FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE - NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, and I am duly 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: *Nedda Ryan* **SIGNATURE REQUIRED PRESIDENT** 1/21/02 (305) 935-0657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED04 (9/01)