

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

0307708 AV

04-21-2003 90299 020 ***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**



2. Principal Place of Business
1180 E. HALLANDALE BEACH BLVD

3. Mailing Address
1180 E. HALLANDALE BEACH BLVD

Suite, Apt. #, etc.
C

CHECK HERE IF MAKING CHANGES

City & State
HALLANDALE, FL

City & State
HALLANDALE, FL

4. FEI Number **65-0682976**

Applied For
Not Applicable

Zip **33009** Country **U.S.A.**

Zip **33009** Country **U.S.A.**

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

**RYAN, NEDDA
2999 NE 191ST ST
PH2
AVENTURA FL 33180**

Name
NRAI SERVICES, INC

Street Address (P.O. Box Number is Not Acceptable)
526 E. PARK. AVE.

TALLAHASSEE

City **TALLAHASSEE** **FL** Zip Code **32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
NAME **PEISACH, ALBERTO**
STREET ADDRESS **2999 NE 191ST ST**
CITY-ST-ZIP **AVENTURA FL 33180**

Change Addition
NAME
STREET ADDRESS **1180 E. HALLANDALE BEACH BLVD, SUITE C**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE **D** Delete
NAME **LEDERMAN, JAIME**
STREET ADDRESS **2999 NE 191ST ST**
CITY-ST-ZIP **AVENTURA FL 33180**

Change Addition
NAME
STREET ADDRESS **1180 E. HALLANDALE BEACH BLVD SUITE C**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
NAME **D. MENDEZ, HERNAN**
STREET ADDRESS **1180 E. HALLANDALE BEACH BLVD, SUITE C**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED Peisach, Director April 16, 2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)