2000 UNIFORM BUSINESS REPORT (UBR)

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

INE BERGERON S SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

FILED DOCUMENT # P98000062134 May 16, 2000 8:00 am Secretary of State SELECT INVESTMENT GROUP INC. 05-16-2000 90005 030 ***150.00 Mailing Address Principal Place of Business 3071 INLET DRIVE 3071 INLET DRIVE FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33023-4266 3. Mailing Address Principal Place of Business <u>018</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc Applied For 4. FEI Number 65-0855535 Not Applicable りつひ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEDUC, REJEAN Street Address (P.O. Box Number is Not Acceptable) ·1001-N::FEDERAL-HWY--9 #205 HALLANDALE FL 33009 33010 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition PDG ☐ Delete TITLE TITLE Rodrique RODRIGUE, JACQUES NAME NAME 38ro. STREET ADDRESS STREET ADDRESS 3071 INLET DRIVE CITY-\$T-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33312 Change ☐ Addition TITLE ☐ Delete NAME BERGERON. LINE NAME BERGERON, LINE STREET ADDRESS STREET ADDRESS 2860 PersHing 3071 INLET DRIVE CITY-ST-ZIP CITY-ST-ZIP Hollywoo<u>d</u> FT LAUDERDALE FL 33312 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST-ZIP CITY-ST_ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE Sec. 18 3 1 20 .. A ? NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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