FILED

8-3-01 954-930-4761

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Aug 13, 2001 8:00 am Secretary of State P99000035690 DOCUMENT # 1. Entity Name 08-13-2001 90063 010 ***150.00 SELECT INVESTMENTS INTERNATIONAL, INC. Principal Place of Business Mailing Address 755 N. NORTH LAKE DR. 755 N. NORTH LAKE DR. HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0910663 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired .7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FLASHER, IRENE M Street Address (P.O. Box Number is Not Acceptable) 755 N. NORTH LAKE DR. HOLLYWOOD FL 33019 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE Delete TITLE FLASHER, IRENE NAME STREET ADDRESS 755 N. NORTH LAKE DR. STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33019 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete 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 Block 12 if

Httachment A0081091 Dre:#199000035490

2001, August 3

Select Investments International Inc.

755 N. Northlake Dr. Hollywood Fla. 33019

Document #: 47253

Dear Sirs.

Our annual report was sent out on April 26, 2001 which was on time. We became concerned, recently when our check made out for \$150.00 had not cleared the bank. Since we had sent out our annual report on time, we should not be subject to any penalties.

Please see attached copy of our annual report that we originally sent.

If you have any questions, please don't hesitate to call us immediately at (954) 920-4761. Thank you for your consideration on this matter.

Sincerely Yours;

Irene Flasher

President

2001 UNIFORM-BUSINESS REPORT (UBR) ALTACHMENT # P99000035690

AD 8091 DOCUMENT # P99000035690 SELECT INVESTMENTS INTERNATIONAL, INC Mailing Address Principal Place of Business 755 N. NORTH LAKE DR. 755 N. NORTH LAKE DR. HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0910663 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FLASHER, IRENE M Street Address (P.O. Box Number is Not Acceptable) 755 N. NORTH LAKE DR. HOLLYWOOD FL 33019 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change TITLE PD ☐ Delete TITLE NAME NAME FLASHER, IRENE STREET ADDRESS STREET ADDRESS 755 N. NORTH LAKE DR. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Change ☐ Addition Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01 954-920-4761

Date Davisore Phone #