

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076582

1. Entity Name

SELECT INTERNATIONAL SERVICES, INC.

Principal Place of Business

1400 SAINT CHARLES PLACE.#824  
PEMBROKE PINES FL 33026

Mailing Address

1400 SAINT CHARLES PLACE.#824  
PEMBROKE PINES FL 33026-3222

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0996227

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

TALPOS, FABIAN  
901 N.E. 14TH AVE.,#301  
HALLANDALE FL 33009

Name

TALPOS, FABIAN

Street Address (P.O. Box Number is Not Acceptable)

4100 E. LAKE ESTATES DR

City

DAVIE

FL

Zip Code

33328

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

*Fabian Talpos*

FABIAN TALPOS

4/25/2000

Signature, typed or printed name of registered agent and 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, 2000 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 PRESIDENT  
STREET ADDRESS FABIAN TALPOS  
CITY-ST-ZIP 4100 E. LAKE ESTATES DR.  
DAVIE, FL 33328

TITLE ☐ Change ☒ Addition  
NAME SECRETARY  
STREET ADDRESS DANIELA TOMESCU  
CITY-ST-ZIP 1400 ST. CHARLES PL. #824  
PEMBROKE PINES, FL. 33026

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*Daniela Tomescu*

DANIELA TOMESCU 4/25/2000 (954) 441-7393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90109 044 \*\*\*158.75



DO NOT WRITE IN THIS SPACE