

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90019 018 ***150.00

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

2. Principal Place of Business

2554 SW 157 AVE.

Suite, Apt. #, etc.

3. Mailing Address

2554 SW 157 AVE.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIRAMAR, FL

Zip

33027

Country

City & State

MIRAMAR, FL

Zip

33027

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

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

7. Name and Address of New Registered Agent

Name

TALPOS, FABIAN

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

4100 EAST 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

Signature, typed or printed name of registered agent and title 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, 2001 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	S	<input type="checkbox"/> Delete
NAME	TOMESCU, DANIELA	
STREET ADDRESS	1400 ST CHARLES PL #824	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMESCU, DANIELA	
STREET ADDRESS	2554 SW 157 AVE.	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/01

Daytime Phone #

954-441-7323

CR2E034 (10/00)