

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90102 021 \*\*\*150.00

**DOCUMENT # P99000076582**

1. Entity Name

**SELECT INTERNATIONAL SERVICES, INC.**

Principal Place of Business

**2554 SW 157TH AVE  
MIRAMAR FL 33027**

Mailing Address

**2554 SW 157TH AVE  
MIRAMAR FL 33027**

2. Principal Place of Business

**4100 E LAKE ESTATES DR.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**DAVIE, FL**

City & State

Zip

**33328**

Country

**USA**

Zip

Country

4. FEI Number

**65-0996227**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**TALPOS, FABIAN  
4100 E. LAKE ESTATE DR  
DAVIE FL 33328**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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, 2002 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	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TOMESCU, DANIELA</b>	
STREET ADDRESS	<b>2554 157TH AVE</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33027</b>	
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	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FABIAN TALPOS</b>	
STREET ADDRESS	<b>4100 E. LAKE ESTATES DR.</b>	
CITY-ST-ZIP	<b>DAVIE, FL 33328</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DUMITRU TALPOS</b>	
STREET ADDRESS	<b>2461 SW 82 AVE, APT. 301</b>	
CITY-ST-ZIP	<b>DAVIE, FL 33324</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LUIS CASTELLON</b>	
STREET ADDRESS	<b>5845 AURORA COURT</b>	
CITY-ST-ZIP	<b>LAKE WORTH, FL 33463</b>	
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: **FABIAN TALPOS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2/20/02 1954/44-6086**

Daytime Phone #

CR2E034 (9/01)