

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01000000817**

1. Entity Name

**AMSWISS TRADING PARTNERS VII LIMITED PARTNERSHIP**

FILED

02 JAN 11 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**5400 34TH STREET, WEST, 4-G  
BRADENTON FL 34210**

Mailing Address  
**5400 34TH STREET, WEST, 4-G  
BRADENTON FL 34210**

2. Principal Place of Business

3. Mailing Address

**Box 5929**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City, State

City & State  
**BRADENTON FL**

4. FEI Number

**59-3733084**

Applied For

Not Applicable

Zip

Country

Zip  
**34210**

Country

**FLORIDA**

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

**MATTHEWS, TERENCE ESQ  
4944 MIDNIGHT LANE  
SARASOTA FL 34235**

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.

DATE

9. Capital Contributions as Shown on record.

**\$9,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**\$9,000**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P99000031109**  
NAME **AMSWISS TRADING CORPORATION**  
STREET ADDRESS **4944 MIDNIGHT LANE**  
CITY-ST-ZIP **SARASOTA FL 34235**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to prepare this report as provided in Florida Statutes.

SIGNATURE: *Amwiss Trading Corporation*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01/10/02

Date

941-720-6791

Daytime Phone #

CR2E003 (9/01)