

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 08, 2001 8:00 am**  
**Secretary of State**

0029894 AV

DOCUMENT # **P00000071091**

1. Entity Name  
**GROUP SEVEN EXPORT AND IMPORT, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
~~19421 N.W. 8TH STREET~~      **19421 N.W. 8TH STREET**  
~~PEMBROKE PINES FL 33029~~      **PEMBROKE PINES FL 33029**

2. Principal Place of Business      3. Mailing Address  
**1250 SW 159 Terrace**      **1250 SW 159 Terrace**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Pembroke Pines, FL**      **Pembroke Pines, FL**

Zip      Country      Zip      Country  
**33027**      **U.S.A.**      **33027**      **U.S.A.**

4. FEI Number      Applied For  
**65-1031759**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LYLEN, IAN J ESQ.**  
**1925 BRICKELL AVENUE**  
**SUITE D207**  
**MIAMI FL 33129**

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 \_\_\_\_\_ (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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LEON, EDUARDO P</b> <b>19421 N.W. 8TH STREET</b> <b>PEMBROKE PINES FL 33029</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>DE PIZARRO, LUZ E</b> <b>19421 N.W. 8TH STREET</b> <b>PEMBROKE PINES FL 33029</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PIZARRO, EDUARDO</b> <b>1250 SW 159 Terrace</b> <b>Pembroke Pines, FL 33027</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1250 SW 159 Terrace</b> <b>Pembroke Pines, FL 33027</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Eduardo Pizarro**      08/02/01      (954) 450-9343  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (5/01)