

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90073 047 ***150.00

1071554 AV

DOCUMENT # P01000021986

1. Entity Name
SEVEN GROUP CORP.

Principal Place of Business

**9240 SW 64 ST
MIAMI FL 33173**

Mailing Address

**9240 SW 64 ST
MIAMI FL 33173**

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

65108 1859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SOLARES, IRMA ESQ
777 BRICKELL AVE, STE 500
MIAMI FL 33131**

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 **D** ☐ Delete
NAME **ATIENZA, EDUARDO**
STREET ADDRESS **9240 SW 64 ST**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **D** ☐ Delete
NAME **SOLARES, JOSE J**
STREET ADDRESS **9240 SW 64 ST**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **D** ☐ Delete
NAME **MORENO, ANTONIO**
STREET ADDRESS **10431 SW 40 TERR**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **D** ☐ Delete
NAME **FOLGUEIRA, BASILIO**
STREET ADDRESS **11391 SW 64 ST**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **D** ☐ Delete
NAME **ALEGRIA, MANUEL**
STREET ADDRESS **6090 W 18 AVE, #335**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3631 SW 132 CT**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7455 BENAVENTO AVE**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

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

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:

Antonio Moreno

3/11/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)