

2000 UNIFORM BUSINESS REPORT (UBR)

0001230

DOCUMENT # P99000110563

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
SEVEN MOONS CORPORATION

Principal Place of Business 2699 SOUTH PARK ROAD HALLANDALE FL 33009	Mailing Address 2699 SOUTH PARK ROAD HALLANDALE FL 33009
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7850 NW 146 ST. SUITE 511	3. Mailing Address 7850 NW 146 ST. SUITE 511
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City & State MIAMI LAKES FL	City & State MIAMI LAKES FL
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4. FEI Number Applied For
 Not Applicable

Zip 33016	Country USA	Zip 33016	Country USA
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARTINS, EDUARDO
2699 SOUTH PARK ROAD
HALLANDALE FL 33009

7. Name and Address of New Registered Agent
Name: **EDUARDO MARTINS**
Street Address (P.O. Box Number is Not Acceptable): **7850 NW 146 ST. SUITE 511**
City & State: **MIAMI LAKES FL**
Zip: **33016**

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: **EDUARDO MARTINS** DATE: **6/6/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORR, ULRIKE 2699 SOUTH PARK ROAD HALLANDALE FL 33009	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINS, EDUARDO 2699 SOUTH PARK ROAD HALLANDALE FL 33009	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORR, THOMAS 2699 SOUTH PARK ROAD HALLANDALE FL 33009	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7850 NW 146th ST SUITE 511 MIAMI LAKES FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7850 NW 146th ST SUITE 511 MIAMI LAKES FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2850 NW 146 ST SUITE 511 MIAMI LAKES FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600003491526--8 -12/08/00--01032--014 ***758.75 ***758.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 02/18
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)(l), 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 MARTINS** DATE: **6/6/2000** DAYTIME PHONE #: **305-2317266**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)