

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90094 032 ***150.00

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

Principal Place of Business
1250 SW 159 TERRACE
PEMBROKE PINES FL 33027

Mailing Address
1250 SW 159 TERRACE
PEMBROKE PINES FL 33027



2. Principal Place of Business
169 E FLAGLER ST

3. Mailing Address
169 E FLAGLER ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1534

Suite 1534

City & State
MIAMI FL

City & State
Miami FL

CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1031759

Applied For
Not Applicable

Zip
33029

Country

Zip
33029

Country
USA

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

LYLEN, IAN J ESQ.
1925 BRICKELL AVENUE
SUITE D207
MIAMI FL 33129

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
NAME PIZARRO, EDUARDO
STREET ADDRESS 1250 SW 159 TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD Delete
NAME DE PIZARRO, LUZ E
STREET ADDRESS 1250 SW 159 TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 reports 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/03
Date

(954) 450.9343
Daytime Phone #

CR2E034 (10/02)