

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 482597

1. Entity Name

SEVEN ISLANDS, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90012 019 ***150.00

Principal Place of Business

Mailing Address

**11 COUILLARD
SEPT ISLES, QUEBEC, CANADA**

**11 COUILLARD
SEPT ISLES, QUEBEC, CANADA**

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

98-0103750

Applied For

Not Applicable

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

**NEWMAN, JOEL P.
420 LINCOLN ROAD
MIAMI BEACH FL**

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, 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	T	<input type="checkbox"/> Delete
NAME	DUMAIS, JACQUES	
STREET ADDRESS	11 COUILLARD	
CITY-ST-ZIP	SEPT ISLES, QUEBEC 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	LALANCETTE, YVAN	
STREET ADDRESS	485 EVANGELINE	
CITY-ST-ZIP	SEPT-ILES, QUEBEC	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, DORIS	
STREET ADDRESS	420 LINCOLN RD #258	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENA, MARIA THERESA	
STREET ADDRESS	420 LINCOLN RD #258	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	
TITLE	P	<input type="checkbox"/> Delete
NAME	PORLIER, ROGER	
STREET ADDRESS	51 DES SABLONS C.P. 1194	
CITY-ST-ZIP	SEPT-ILES, QUEBEC	
TITLE	S	<input type="checkbox"/> Delete
NAME	THERRIEN, JACQUES	
STREET ADDRESS	20 ST-OLAF	
CITY-ST-ZIP	SEPT-ILES, QUEBEC	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: JACQUES DUMAIS, TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

FEB. 18 2000

Daytime Phone #

(418) 962-9304

CR2E034 (9/99)