

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 482597

1. Entity Name  
SEVEN ISLANDS, INC.

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90133 032 \*\*\*150.00

6829990  
NI

Principal Place of Business Mailing Address  
11 COUILLARD 11 COUILLARD  
SEPT ISLES, QUEBEC, CANADA SEPT ISLES, QUEBEC, CANADA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		98-0103750		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUMAIS, JACQUES	NAME	
STREET ADDRESS	11 COUILLARD	STREET ADDRESS	
CITY-ST-ZIP	SEPT ISLES, QUEBEC 00000	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LALANCETTE, YVAN	NAME	
STREET ADDRESS	485 EVANGELINE	STREET ADDRESS	
CITY-ST-ZIP	SEPT-ILES, QUEBEC	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, DORIS	NAME	
STREET ADDRESS	420 LINCOLN RD #258	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENA, MARIA THERESA	NAME	
STREET ADDRESS	420 LINCOLN RD #258	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORLIER, ROGER	NAME	
STREET ADDRESS	51 DES SABLONS C.P. 1194	STREET ADDRESS	
CITY-ST-ZIP	SEPT-ILES, QUEBEC	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THERRIEN, JACQUES	NAME	
STREET ADDRESS	465 SW RUISSEAN	STREET ADDRESS	
CITY-ST-ZIP	SEPT-ILES, QUEBEC G4R- 4K2	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 20 MAY FEB 19TH 2002 (418) 962-9304  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment  
Document # 482597

DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
ANNUAL REPORTS SECTION  
P.O. BOX 1500  
TALLAHASSEE FLA. U.S.A.  
32302-1500

HALLANDALE FLA.

FEBRUARY 19TH 2002

328167

RE: DOCUMENT # 482597 (2)  
SEVEN ISLANDS INC.

MADAM,  
SIR,

I AM RETURNING BY THE PRESENT THE ANNUAL  
REPORT JULY COMPLETED.

I AM THE OFFICER WHO SIGNED IT A BEING  
THE TREASURER OF THE CORPORATION.

I REMAIN

YOURS TRULY



JACQUES DUMAIS  
TREASURER  
SEVEN ISLANDS INC.