

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 740522**

1. Entity Name

SIDEREAL BROTHERHOOD 7, INC.**FILED**
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90064 027 ****61.25

Principal Place of Business

**6700 BULL RUN RD., APT. A-272
MIAMI LAKES FL 33014**

Mailing Address

**6700 BULL RUN RD., APT. A-272
MIAMI LAKES FL 33014**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1846890

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**COMPERATORE, NELLY
6700 BULL RUN RD., APT. A-272
MIAMI LAKES FL 33014**

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. 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

**After September 13, 2002,
min. will be \$236.25.**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	COMPERATORE, PASCUAL	
STREET ADDRESS	6700 BULL RUN RD., APT. A-272	
CITY-ST-ZIP	MIAMI LAKES FL 33014	

TITLE	SD	<input type="checkbox"/> Delete
NAME	COMPERATORE, LORETO	
STREET ADDRESS	68 OSWEGATCHIE HILLS	
CITY-ST-ZIP	NIANTIC CT 06357	

TITLE	PD	<input type="checkbox"/> Delete
NAME	COMPERATORE, CARLOS A	
STREET ADDRESS	68 OSWEGATCHIE HILLS	
CITY-ST-ZIP	NIANTIC CT 06357	

TITLE	DV	<input type="checkbox"/> Delete
NAME	COMPERATORE, NELLY	
STREET ADDRESS	6700 BULL RUN RD., APT. A-272	
CITY-ST-ZIP	MIAMI LAKES FL 33014	

TITLE	TD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, MONICA	
STREET ADDRESS	210 S.W. 23RD RD.	
CITY-ST-ZIP	MIAMI FL 33129	

TITLE	D	<input type="checkbox"/> Delete
NAME	DELISI, AMELIA	
STREET ADDRESS	5139 S.W. 140 PLACE	
CITY-ST-ZIP	MIAMI FL 33175	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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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		

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 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 617, 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:

COMPERATORE, NELLY 3/19/02 (305) 362-5637

CR2E037 (4/02)