

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01000000817**

1. Entity Name

AMSWISS TRADING PARTNERS VII LIMITED PARTNERSHIP

FILED

02 JAN 11 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**5400 34TH STREET, WEST, 4-G
BRADENTON FL 34210**

Mailing Address
**5400 34TH STREET, WEST, 4-G
BRADENTON FL 34210**

2. Principal Place of Business

3. Mailing Address

Box 5929

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, State

BRADENTON FL

Zip

Country

34210

Country

FLORIDA

DUE BY MAY 1, 2002

4. FEI Number

59-3733084

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MATTHEWS, TERENCE ESQ
4944 MIDNIGHT LANE
SARASOTA FL 34235**

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.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$9,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$9,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P99000031109**
NAME **AMSWISS TRADING CORPORATION**
STREET ADDRESS **4944 MIDNIGHT LANE**
CITY-ST-ZIP **SARASOTA FL 34235**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to prepare this report as required by Florida Statutes.

AMSWISS TRADING CORPORATION **R. F. Lucas**

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01/10/02 941-720-6791

Date

Daytime Phone #

CR2E003 (9/01)