

2001 UNIFORM BUSINESS REPORT (UBR)

0011988 AF

DOCUMENT # L98000001905

1. Entity Name
SEVENTEL, L.C.

FILED

01 JAN 24 PM 2: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
6278 N. FEDERAL HWY., #314
FT. LAUDERDALE FL 33308

Mailing Address
6278 N. FEDERAL HWY., #314
FT. LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0866321

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLIS, W.H.
6278 N. FEDERAL HWY., #314
FT. LAUDERDALE FL 33308

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM NORTHSHORE TRADING, INC. ☒ Delete
STREET ADDRESS 6278 N. FEDERAL HWY., #314
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE NAME MGRM ☒ Change ☐ Addition
STREET ADDRESS William Ellis
CITY-ST-ZIP PMB 314, 6278 N. Federal Hwy-
Ft. Lauderdale, FL 33308

TITLE NAME MGRM ☒ Delete
STREET ADDRESS EUROGROUP LTD.
CITY-ST-ZIP 1755 SE 9TH STREET
FORT LAUDERDALE FL 33316

TITLE NAME MGRM ☒ Change ☐ Addition
STREET ADDRESS Nancy Ellis
CITY-ST-ZIP PMB 314, 6278 N. Federal Hwy.
Ft. Lauderdale, FL 33308

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 600003617446--8
CITY-ST-ZIP -01/31/01--01033--014
*****55.00 *****55.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: William H. Ellis 1/13/01 954-202-9594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)