

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000011367

1. Entity Name  
**SEVEN PERCENT SOLUTION, INC.**

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

07-13-2000 90022 011 \*\*\*150.00

Principal Place of Business  
P.O. BOX 820663  
SOUTH FLORIDA FL 33082  
US

Mailing Address  
P.O. BOX 820663  
SOUTH FLORIDA FL 33082  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0470494</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent <b>FRIEDMAN, 1409 NW 124 AVE. PEMBROKE PINES FL 33026</b>		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 \_\_\_\_\_ (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. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After SEPTEMBER 13, 2000 Min. will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRIEDMAN, ALAN</b> <b>1409 NW 124 AVE.</b> <b>PEMBROKE PINES FL 33026</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRIEDMAN, SUZANNE</b> <b>1409 NW 124 AVE.</b> <b>PEMBROKE PINES FL 33026</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SENS, GILBERT</b> <b>1409 NW 124 AVENUE</b> <b>PEMBROKE PINES FL 33026</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**SIGNATURE REQUIRED** **FRIEDMAN** **7/7/00** **954-491-7005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR21004 (1/00)

Attachment  
D# 04000011367  
DW 69990

7/7/00

To Whom it May Concern:

Every year we have paid for the annual report on time. This year, we did not receive any form until 7/6/00. I am requesting that we pay \$150.<sup>00</sup>/<sub>100</sub> as though we paid on time because we did not receive the form until the so-called "Second Notice" was received by us.

When I called the Department of Corporations and explained this, they told me to write this letter and send a check for \$150.<sup>00</sup>/<sub>100</sub>.

I appreciate you taking the time to understand the situation, and I thank you in advance for your cooperation.

Regards,



Alan Friedman

Seven Percent Sucker, Inc

FBI # 65-0470-494