

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000046364

1. Entity Name
SEVEN STARS HOLDING, INC

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90143 048 ***158.75

Principal Place of Business 17696 SW 8TH ST MIAMI FL 33176 US	Mailing Address 1635 SW 84TH AVENUE MIAMI FL 33155-1113
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 17696 S.W. 8th St. Suite, Apt. #, etc.	3. Mailing Address 17696 S.W. 8th St. Suite, Apt. #, etc.
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City & State Miami, FL	City & State Miami, FL	4. FEI Number 65-0757296	Applied For <input type="checkbox"/> Not Applicable
Zip 33194	Country USA	Zip 33194	Country USA

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ALMIRALL, JORGE
1635 SW 84TH AVE
MIAMI FL 33155

7. Name and Address of New Registered Agent
Name: **JAMES MARX, ESQ.**
Street Address (P.O. Box Number is Not Acceptable): **200 S. Biscayne Blvd., Suite 1870**
City: **MIAMI** FL Zip Code: **33131**

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: **JAMES MARX** DATE: **4-8-2000**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALMIRALL, JORGE 1635 SW 84 AVENUE MIAMI FL 33155 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD ALMIRALL, JOSE 17695 SW 8TH ST MIAM FL 33176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ALMIRALL, ISIDRO 10240 SW 120TH STREET MIAMI FL 33176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RAND, ROGER 6321 NW 37TH AVENUE MIAMI FL 33147 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALMIRALL, JOSE 400 93RD STREET SURFSIDE FL 33154 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINBERG, ALLEN 46 SHORE PARK ROAD GREAT NECK NY 11023 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 60, 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: **JORGE ALMIRALL, President** DATE: **4/11/2000** Daytime Phone #: **305/553-26203**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)