2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001261

1. Entity Name
SEVEN POINTS INC

FILED
03 APR 28 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5581 NW 72 AVE MIAMI FL. 33166	

DO NOT WRITE IN THIS SPACE 00-03

2. Principal Place of Business	3. Mailing Address
5581 NW 72 AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI - FLORIDA	City & State
Zip: 33166 Country: DADE	Zip Country

4. FEI Number 65-0887435 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HECTOR VAZQUEZ 1800 West 49 St Suite 213 Hialeah FL. 33012	Name: HECTOR VAZQUEZ Street Address (P.O. Box Number is Not Acceptable) 1790 West 49 St Suite 217 City: HIALEAH FL Zip Code: 33012

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 if not reinstating) DATE: 04-07-03

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, 2003 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PV Jorge Geson 9809 West Okeechobee Rd # 203 HIALEAH GARDENS FL 33016 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PV HECTOR DEL SOL 5581 NW 72 AVE MIAMI FL. 33166 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600018967646 05/15/03--01003--029 **1058.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600018967646 05/15/03--01003--030 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 04-07-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FB