2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110563

1. Entity Name
SEVEN MOONS CORPORATION

FILED
00 NOV 13 PM 5:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0001230

Principal Place of Business	Mailing Address
2699 SOUTH PARK ROAD HALLANDALE FL 33009	2699 SOUTH PARK ROAD HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 7850 NW 146 ST.	3. Mailing Address: 7850 NW 146 ST.
Suite, Apt. #, etc.: Suite 511	Suite, Apt. #, etc.: Suite 511
City & State: Miami Lakes FL	City & State: Miami Lakes FL
Zip: 33016 Country: USA	Zip: 33016 Country: USA

4. FEI Number: [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINS, EDUARDO
2699 SOUTH PARK ROAD
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name: EDUARDO MARTINS
Street Address (P.O. Box Number is Not Acceptable): 7850 NW 146 ST. Suite 511
City: Miami Lakes FL Zip Code: 33016

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: EDUARDO MARTINS 6/6/2000
Signature, typed or printed name of registered agent and title if applicable. (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. (See criteria on back) [X]

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D [ ] Delete	TITLE	[X] Change [ ] Addition
NAME	PORR, ULRIKE	NAME	
STREET ADDRESS	2699 SOUTH PARK ROAD	STREET ADDRESS	7850 NW 146th st suite 511
CITY-ST-ZIP	HALLANDALE FL 33009	CITY-ST-ZIP	Miami Lakes FL 33016
TITLE	D [ ] Delete	TITLE	[X] Change [ ] Addition
NAME	MARTINS, EDUARDO	NAME	
STREET ADDRESS	2699 SOUTH PARK ROAD	STREET ADDRESS	7850 NW 146th st suite 511
CITY-ST-ZIP	HALLANDALE FL 33009	CITY-ST-ZIP	Miami Lakes FL 33016
TITLE	D [ ] Delete	TITLE	[X] Change [ ] Addition
NAME	PORR, THOMAS	NAME	
STREET ADDRESS	2699 SOUTH PARK ROAD	STREET ADDRESS	7850 NW 146 ST Suite 511
CITY-ST-ZIP	HALLANDALE FL 33009	CITY-ST-ZIP	Miami Lakes FL 33016
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	600003491526--8
STREET ADDRESS		STREET ADDRESS	-12/08/00--01032--014
CITY-ST-ZIP		CITY-ST-ZIP	****758.75 ****758.75
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	REINSTATEMENT
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: EDUARDO MARTINS 6/6/2000 305-2317266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)