

FILED
Apr 14, 2003 8:00 am
Secretary of State

03-31-2003 90808 015 ****50.00


FROM :

FRX NO. : 3003711656

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000003806

1. Entity Name
EVERER LLC



Principal Place of Business
 169 E. FLAGLER ST. SUITE #1534
 MIAMI FL 33131

Mailin Address
 169 E. FLAGLER ST. SUITE #1534
 MIAMI FL 33131

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mail Address
 pt. #, etc.

City & State
 City

Zip
 Country

4. Name and Address of Current Registered Agent
NICENBOM, JOSE
169 E. FLAGLER ST. SUITE #1534
MIAMI FL 33131

5. 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. I am familiar with, and accept the obligations of, the registered agent.

SIGNATURE _____
Signature, title or printed name of registered agent and title if applicable

8. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
MGR	BIZET, JUAN CARLOS	169 E. FLAGLER ST. SUITE #1534	MIAMI FL 33131
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP



CHECK HERE IF MAKING CHANGES

4. FEI Number **74-3034628** Applied For Not Applicable

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

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is NOT Acceptable) _____
 City _____ FL Zip Code _____

(NOTE: Registered Agent signature required when necessary) DATE _____

RECEIVED \$50.00
 Florida Department of State
 Tallahassee, Florida 32303

RS	TC	ADDITIONS / CHANGES
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing indicated on this report is true and accurate and that my limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, is not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information I have shall have the same legal effect as if made under oath; that I am a managing member or manager of the

SIGNATURE: _____
Signature and Typed or Printed Name of Current Registered Agent, Receiver, Manager, or Authorized Representative