

8/25

FILED
Sep 19, 2001 8:00 am
Secretary of State

08-29-2001 90008 003 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000055098

1. Entity Name
AVERA ENTERPRISES, INC.

Principal Place of Business
**13094 CHETS CREEK DRIVE SOUTH
JACKSONVILLE FL 32224**

Mailing Address
**13094 CHETS CREEK DRIVE SOUTH
JACKSONVILLE FL 32224**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3657706** 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

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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

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)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 Delete
**PSD
AVERA, JOHN H
13094 CHETS CREEK DRIVE SOUTH
JACKSONVILLE FL 32224**

TITLE NAME Change Addition
**PSD
AVERA, JOHN H
13094 Chets Creek Dr. S.
Jacksonville, FL 32224**

TITLE NAME Delete
**VTD
AVERA, HABBASH D
13094 CHETS CREEK DRIVE SOUTH
JACKSONVILLE FL 32224**

TITLE NAME Change Addition
**VTD
AVERA, HANNASH D
13094 Chets Creek Dr. S.
JACKSONVILLE, FL 32224**

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME 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: **MANUEL S. BARRERA** President **09/30/01** **9049928834**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)