

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90024 004 \*\*\*163.75

US302614 AV

**DOCUMENT # P96000049179**

1. Entity Name  
**TROY G. AVERA, JR, P.A.**

Principal Place of Business  
**999 BRICKELL AVE.  
 STE 555  
 MIAMI FL 33131  
 US**

Mailing Address  
**P.O. BOX 830395  
 MIAMI FL 33283  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**8563 SW 113th CT**

3. Mailing Address  
 Suite, Apt. #, etc.  
**MIAMI**

City & State  
**FL**

4. FEI Number **65-0671548**

Applied For  
 Not Applicable

Zip **33173** Country **USA**

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**

**AVERA, TROY G JR  
 STE 555  
 999 BRICKELL AVE.  
 MIAMI FL 33131**

Name: **TROY G. AVERA**  
 Street Address (P.O. Box Number is Not Acceptable):  
**8563 SW 113th CT**  
 City: **MIAMI** FL Zip Code: **33173**

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 **TROY G. AVERA, JR** **4/24/02**  
Signature, typed or printed name of registered agent as 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 \$150.00**  
**After May 1, 2002 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DP	AVERA, TROY G JR		
STREET ADDRESS	13500 NE 23 PL 8563 SW 113th CT		
CITY-ST-ZIP	MIAMI FL 33173		
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			

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: **TROY G. AVERA, JR, Pres** **4/24/02** **305 9325884**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)