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2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000062810 1. Entity Name DAVERRY, INC.

Principal Place of Business

6237 SW 59TH STREET SOUTH MIAMI FL 33143 Mailing Address

6237 SW 59TH STREET SOUTH MIAMI FL 33143

FILED May 11, 2001 8:00 am Secretary of State 05-11-2001 90036 032 ***158.75

2. Principal Place of Business 4/54 5 W \$970 C+ 4/54 5 W 70 Covr+ Suite, Apt. #, etc. 3. Mailing Address 4/54 5 W 70 Covr+ Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE					
City & Stat	, , , , , , , , , , , , , , , , , , , ,	City & State			4. FEI Number Applied For : Applied For : Not Applicable					
Zip	Country	Zip	Country		5. Certificate of			\$8.75 Add		1
=3-3-1	55 M-D	33155	W-0					Fee Require	d 	
6. Name and Address of Current Registered Agent BROWNHILL, DAVID J 6237 SW 59TH STREET SOUTH MIAMI FL 33143				Name and Address of New Registered Agent Name David Brown Kill 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 legistered agent and title if applicable. 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. Date Date DATE										
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Stat			Trust	on Campaign Fin Fund Contribution	n. 🗀	Added	May Be to Fees	
11.	OFFICERS AND DI		12.		ADDITIONS/CH	IANGES TO OFF	ICERS AND	,		{ a
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWNHILL, DAVID J 6237 SW 59TH STREET SOUTH MIAMI FL 33143	☐ Delete	NAME, STREET ADDRESS CITY-ST-ZIP	Brow	PARILL OF	David 3	T 14 31.55	Change	Addition	E024 /10,000
TITLE NAME STREET ADDRESS CITY_STUZIP	V ROCHA, TERESA 6237 SW 59TH STREET SOUTH MIAMI FL 33143	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	192
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indicated of the corp	ertify that the information supplied with th on this report or supplemental report is tr poration or the receiver or trustee empow or on an attachment with an address, wit	ue and accurate and that my : ered to execute this report as	signature shall ha	ave the san	ne legal effect a	s if made under o	oath: that I a	m an officer	or director	