

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049179

1. Entity Name

TROY G. AVERA, JR, P.A.

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90324 049 ***158.75

Principal Place of Business

999 BRICKELL AVE.
STE 555
MIAMI FL 33131
US

Mailing Address

8563 SW 113TH CT
MIAMI FL 33173
US

2. Principal Place of Business

3. Mailing Address

PO 830395

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

Zip

Country

Zip

33283

Country

Dade

4. FEI Number 65-0671548

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

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

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

Troy G. Avera, Jr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/01

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, 2001 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 DP
NAME AVERA, TROY G JR
STREET ADDRESS 13506 NE 23 PL
CITY-ST-ZIP N MIAMI FL

☐ Delete

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☐ 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:

Troy G. Avera, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

Date

3059565584

Daytime Phone #

CR2E034 (10/00)