

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000067534

1. Entity Name

VERA INVESTMENT, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

04-11-2000 90046 018 ***158.75

Principal Place of Business 3421 SW 107 AVE MIAMI FL 33165	Mailing Address 3421 SW 107 AVE MIAMI FL 33165-3632
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0856754	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AMERICAWYER 3421 SW 107 AVE MIAMI FL 33165	7. Name and Address of New Registered Agent Name: VERA INVESTMENT, INC. Street Address (P.O. Box Number is Not Acceptable): 3421 S.W. - 107 AVE. City: Miami FL Zip Code: 33165
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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]* DATE: 3/30/00

Signature of Registered Agent or Printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input checked="" type="checkbox"/> D NAME: VERA, MANUEL F STREET ADDRESS: 10008 SW 85 TERR CITY-ST-ZIP: MIAMI FL 33193	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 6. NOT F STREET ADDRESS: 9701 S.W. 59 ST. Miami, FL 33173 CITY-ST-ZIP:	
TITLE: <input checked="" type="checkbox"/> D NAME: VERA, EVA V STREET ADDRESS: 3110 SW 102 AVE CITY-ST-ZIP: MIAMI FL 33165	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: - STREET ADDRESS: - CITY-ST-ZIP: -	
TITLE: <input checked="" type="checkbox"/> D NAME: MARIA, T STREET ADDRESS: 13224 SW 40 TERR CITY-ST-ZIP: MIAMI FL 33175	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: VERA, Manuel G. STREET ADDRESS: 3110 S.W. - 102 Ave. CITY-ST-ZIP: Miami, FL 33165	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PRESIDENT
TITLE: <input type="checkbox"/> Delete NAME: - STREET ADDRESS: - CITY-ST-ZIP: -	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: - STREET ADDRESS: - CITY-ST-ZIP: -	
TITLE: <input type="checkbox"/> Delete NAME: - STREET ADDRESS: - CITY-ST-ZIP: -	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 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)(f), 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: *[Signature]* DATE: 3-30-00 DAYTIME PHONE #:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)