2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 21, 2001 8:00 am Secretary of State DOCUMENT # P99000056810 1. Entity Name DAVID NEVERA, INC. 02-21-2001 90011 033 ***150.00 Principal Place of Business Mailing Address 1811 S.W. 96TH AVE. 1811 S.W. 96TH AVE. MIRAMAR FL 33025 MIRAMAR FL 33025 Principal Place of Business Mailing Address Huenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0931156 ım beack Not Applicable \$8.75 Additional 5. Certificate of Status Desired imbeach Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **NEVERA, DAVID** Street Address (P.O. Box Number is Not Acceptable) 1811 S.W. 96TH AVE. MIRAMAR FL 33025 Zip Code FI 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10.º Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. ٠ 🗆 Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE TITLE Change ☐ Addition NAME **NEVERA, DAVID** NAME 14034 Aster Avenue STREET ADDRESS STREET ADDRESS 1811 SW 96AVE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33025 Change Change ☐ Addition ☐ Delete TITLE TITLE NEVERA, RONDA NAME NAME 14034 Aster Avenue STREET ADDRESS -1811:SW:96 AVE STREET ADDRESS CITY-ST-7IP CITY-ST-7IP west Palmbeach, FL 33414 HOLLYWOOD FL 33025 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS 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.