

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 345039

1. Entity Name

NAVARINI AIRCRAFT CORPORATION

Principal Place of Business

Mailing Address

2040 N.W. 94 AVE.
MIAMI FL 33172-2331

2040 N.W. 94 AVE.
MIAMI FL 33172-2331

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1263215

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAVARINI, CATALINA M
2040 N.W. 94 AVE.
MIAMI FL 33172-2331

7. Name and Address of New Registered Agent

Name

GEORGE O NAVARINI

Street Address (P.O. Box Number is Not Acceptable)

2040 N.W. 94 AVENUE

MIAMI

FL

33172-2331

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 GEORGE O NAVARINI

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

(NOTE: Registered Agent signature required when reinstating)

10 April 2000

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, 2000 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

TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	NAVARINI, CATALINA	
STREET ADDRESS	2040 N.W. 94 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVARINI, GEORGE	
STREET ADDRESS	2040 N.W. 94 AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VP ST. D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVARINI, CATALINA	
STREET ADDRESS	2040 N.W. 94 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(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:

Catalina Navarini

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 APRIL 2000

Date

305 591-3278

Daytime Phone #

FILED

100 MAY -5 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04/14/2000 90114 048 \$150.00