

2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90244 009 ***158.75

DOCUMENT # **F75802**

1. Entity Name

NAPOF SCIENTIFIC CORPORATION

Principal Place of Business

% SINIVARDO NAVARRO

~~1704 W. FLAGLER ST.~~

~~SUITE 7~~

~~MIAMI FL 33135~~

Mailing Address

% SINIVARDO NAVARRO

~~1704 W. FLAGLER ST.~~

~~SUITE 7~~

~~MIAMI FL 33135~~

2. Principal Place of Business

8885 S.W. 27TH ST.

Suite, Apt. #, etc.

3. Mailing Address

8885 S.W. 27TH ST.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

59-2182718

Applied For

Not Applicable

Zip

33165

Country

MIAMI-DADE

Zip

33165

Country

MIAMI-DADE

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAVARRO, SINIVARDO

~~1704 W FLAGLER ST~~

~~#7~~

~~MIAMI FL 33135~~

Name

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

8885 S.W. 27TH ST.

City **MIAMI**

FL

Zip Code **33165**

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]

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

(NOTE: Registered Agent signature required when re-registering)

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, 2003 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 **PD** ☐ Delete
NAME **NAVARRO, SINIVARDO**
STREET ADDRESS ~~1704 W FLAGLER ST #7~~
CITY-ST-ZIP ~~MIAMI FL 33135~~

TITLE **STD** ☐ Delete
NAME **TORO, SCARLET**
STREET ADDRESS ~~1704 W FLAGLER ST #7~~
CITY-ST-ZIP ~~MIAMI FL 33135~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8885 S.W. 27TH ST.**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8885 S.W. 27TH ST.**
CITY-ST-ZIP **MIAMI, FL 33165**

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 15, 2003 305-553-8763

Date

Daytime Phone

CR2E034 (9/01)