

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003745

1. Entity Name

NAVAJO SHIPPING AGENCY, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90086 033 \*\*\*150.00

Principal Place of Business

Mailing Address

125-10 QUEENS BLVD.-SUITE 318  
KEW GARDENS NY 10016

125-10 QUEENS BLVD.-SUITE 318  
KEW GARDENS NY 10016

2. Principal Place of Business

3. Mailing Address

9050 PINES BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

460

City & State

City & State

PEMBROKE PINES, FL.

Zip

Country

Zip

Country

33024



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

PANKAJ BILL SAWHNEY  
9050 PINES BLVD., SUITE 460  
PEMBROKE PINES FL 33024

Name

ALDA SKEVERECKAS

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

9050 PINES BLVD, SUITE 460

City

PEMBROKE PINES

FL

Zip Code

33024

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

*Alda Skevereckas*

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

(NOTE: Registered Agent signature required when reinstating.)

1/19/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP  
NAME PANKAJ BILL SAWHNEY  
STREET ADDRESS 125-10 QUEENS BLVD.-SUITE 318  
CITY-ST-ZIP KEW GARDENS NY 10016 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME SKEVERECKAS, ALDA  
STREET ADDRESS 125-10 QUEENS BLVD.-SUITE 318  
CITY-ST-ZIP KEW GARDENS NY 10016 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
NAME SAWHNEY, NIRMAL  
STREET ADDRESS 125-10 QUEENS BLVD.-SUITE 318  
CITY-ST-ZIP KEW GARDENS NY 10016 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

*Alda Skevereckas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00  
Date

(954) 447-4000  
Daytime Phone #

CR2E034 (9/99)