

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90004 026 ***550.00

0136967
AT

DOCUMENT # F99000006060
 1. Entity Name
NAVELLIER & ASSOCIATES, INC.

Principal Place of Business: **1 EAST LIBERTY. 3RD FLOOR RENO NV 89501**
 Mailing Address: **1 EAST LIBERTY. 3RD FLOOR RENO NV 89501**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 4. FEI Number: **88-0240393**
 Applied For: Not Applicable:

Zip: _____ Country: _____
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
VALDES-FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DR., SUITE 500 EAST
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	<input type="checkbox"/> Delete
NAME	NAVELLIER, LOUIS G	
STREET ADDRESS	1288 HIDDEN WOODS	
CITY-ST-ZIP	ZEPHYR GOVE NV 89448	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVELLIER, LOUIS G.	
STREET ADDRESS	1 EAST LIBERTY 3RD FLOOR	
CITY-ST-ZIP	RENO NV 89501	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTEN KUYPER	
STREET ADDRESS	1 E. LIBERTY 3RD FLOOR	
CITY-ST-ZIP	RENO NV 89501	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS PRICE	
STREET ADDRESS	1 E. LIBERTY 3RD FLOOR	
CITY-ST-ZIP	RENO NV 89501	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEITH BASSO	
STREET ADDRESS	1 E. LIBERTY 3RD FLOOR	
CITY-ST-ZIP	RENO NV 89501	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVE MCCARTY	
STREET ADDRESS	1 E. LIBERTY 3RD FLOOR	
CITY-ST-ZIP	RENO NV 89501	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALAN ALPERS	
STREET ADDRESS	1 E. LIBERTY 3RD FLOOR	
CITY-ST-ZIP	RENO NV 89501	

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: *Dennis Price* SECRETARY DIRECTOR 7/10/01 775-785-9408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)