

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # K08666**1. Entity Name
NAVUM OF VENICE, INC.

Principal Place of Business 2595 HARBOR BLVD, STE 206 (33952) P. O. BOX 4090 PORT CHARLOTTE FL 339494090	Mailing Address 2595 HARBOR BLVD, STE 206 (33952) P. O. BOX 4090 PORT CHARLOTTE FL 339494090
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2. Principal Place of Business 2595 HARBOR BLVD, STE 206	3. Mailing Address 2595 HARBOR BLVD, STE 206
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Suite, Apt. #, etc. P. O. BOX 4090	Suite, Apt. #, etc. P. O. BOX 4090
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City & State PORT CHARLOTTE FL	City & State PORT CHARLOTTE FL
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Zip 339494090	Country	Zip 339494090	Country
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4. FEI Number 65-0017859	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentKHALIDI NASIR
2595 HARBOR BOULEVARD
SUITE 206
PORT CHARLOTTE FL
33952 US**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 _____ **01/28/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KHALIDI SAKINA 2595 HARBOR BLVD. PORT CHARLOTTE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KHALIDI NASIR 2595 HARBOR BLVD. PORT CHARLOTTE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KHALIDI SAKINA 2595 HARBOR BLVD. PORT CHARLOTTE FL 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KHALIDI NASIR 2595 HARBOR BLVD. PORT CHARLOTTE FL 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Nasir Khalidi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PD 01/28/2001

Date

Daytime Phone #

CR2E034 (11/00)