

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 28, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # K94223**1. Entity Name  
NAVUM DEVELOPMENT CORPORATION

## Principal Place of Business

% NASIR KHALIDI  
2595 HARBOR BLVD, P.O. BOX 4090  
PORT CHARLOTTE  
339491090 FL

## Mailing Address

% NASIR KHALIDI  
2595 HARBOR BLVD, P.O. BOX 4090  
PORT CHARLOTTE  
339491090 FL

## 2. Principal Place of Business

% NASIR KHALIDI

## 3. Mailing Address

% NASIR KHALIDI

Suite, Apt. #, etc.

2595 HARBOR BLVD, P.O. BOX 4090

Suite, Apt. #, etc.

2595 HARBOR BLVD, P.O. BOX 4090

City &amp; State

PORT CHARLOTTE FL

City &amp; State

PORT CHARLOTTE FL

Zip

33949

Country

Zip

339494090

Country

4. FEI Number

65-0137632

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

KHALIDI, NASIR  
2595 HARBOR BLVD  
SUITE 206  
PORT CHARLOTTE  
33952 FL

## 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)

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, 2001 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	STD	<input type="checkbox"/> Delete
NAME	KHALIDI, SAKINA	
STREET ADDRESS	2595 HARBOR BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KHALIDI, NASIR	
STREET ADDRESS	2595 HARBOR BLVD	
CITY-ST-ZIP	PORT CHARLOTTE 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		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHALIDI, SAKINA	
STREET ADDRESS	2595 HARBOR BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHALIDI, NASIR	
STREET ADDRESS	2595 HARBOR BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
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: Nasir Khalidi

PD

01/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)