

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K94223**

1. Entity Name
NAVUM DEVELOPMENT CORPORATION

FILED

Jan 28, 2001 08:00 AM
Secretary of State

| | | | |
|---|----|---|--|
| Principal Place of Business | | Mailing Address | |
| % NASIR KHALIDI 2595 HARBOR BLVD, P.O. BOX 4090 PORT CHARLOTTE 339491090 | | % NASIR KHALIDI 2595 HARBOR BLVD, P.O. BOX 4090 PORT CHARLOTTE 339491090 | |
| FL | FL | | |

| | | | |
|---|--|---|--|
| 2. Principal Place of Business | | 3. Mailing Address | |
| % NASIR KHALIDI Suite, Apt. #, etc. 2595 HARBOR BLVD, P.O. BOX 4090 | | % NASIR KHALIDI Suite, Apt. #, etc. 2595 HARBOR BLVD, P.O. BOX 4090 | |

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|--------------------------------------|---------|--------------------------------------|---------|
| City & State PORT CHARLOTTE FL | | City & State PORT CHARLOTTE FL | |
| Zip 33949 | Country | Zip 339494090 | Country |

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|---|--------------------------------|
| 4. FEI Number 65-0137632 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| KHALIDI, NASIR 2595 HARBOR BLVD SUITE 206 PORT CHARLOTTE FL 33952 | | 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

DATE

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

(NOTE: Registered Agent signature required when reinstating)

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State |
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| 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | 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 | <input type="checkbox"/> Delete | 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 | <input type="checkbox"/> Delete | 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 |
|--|--|---------------------------------|--|--|--|

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|--|--|---------------------------------|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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|--|--|---------------------------------|--|--|---|

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 807, 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)