

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90094 012 ***150.00

DOCUMENT # M15342
 1. Entity Name
OSVALDO NAVARRO C.P.A. P.A.

| | |
|---|--|
| Principal Place of Business 550 NW LE JEUNE RD. SUITE 305 MIAMI FL 33126 | Mailing Address 550 NW LE JEUNE RD. SUITE 305 MIAMI FL 33126-5671 |
|---|--|

| | | | |
|--------------------------------|---------------------|-----|---------|
| 2. Principal Place of Business | 3. Mailing Address | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| City & State | City & State | | |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | | |
|----------------------------------|-------------------|--------------------------|---------------------------------------|
| 4. FEI Number | 59-2538793 | Applied For | <input type="checkbox"/> |
| | | Not Applicable | <input type="checkbox"/> |
| 5. Certificate of Status Desired | | <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | | | |
|--|--|--|----|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent | | |
| NAVARRO, OSVALDO 550 NW LEJEUNE ROAD #305 MIAMI FL 33183 | 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 _____ (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. <input type="checkbox"/> | 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. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--|---|---|
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NAVARRO, OSVALDO | NAME | |
| STREET ADDRESS | 550 NW LEJEUNE ROAD #305 | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33126-5671 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: _____ **3/24/2000** **(305) 443-3046**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)