

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M15342

1. Entity Name

OSVALDO NAVARRO C.P.A. P.A.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90068 013 ***150.00

60043768



DO NOT WRITE IN THIS SPACE

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
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2. Principal Place of Business 782 NW Le Jeune Rd Suite Apt. #, etc. 629	3. Mailing Address 782 NW Le Jeune Rd Suite Apt. #, etc. 629
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City & State Miami FL	City & State Miami FL
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Zip 33126-5547	Country Mia-Dade	Zip 33126-5547	Country Mia-Dade
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4. FEI Number 59-2538793	Applied For <input type="checkbox"/> Not Applicable
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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 NAVARRO, OSVALDO 550 NW LEJEUNE ROAD #305 MIAMI FL 33183

7. Name and Address of New Registered Agent Name OSVALDO NAVARRO Street Address (P.O. Box Number is Not Acceptable) 782 NW Le Jeune Rd #629 City Miami FL Zip Code 33126-5547
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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. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAVARRO, OSVALDO 550 NW LEJEUNE ROAD #305 MIAMI FL 33126-5671
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
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	PTSD OSVALDO NAVARRO 782 NW Le Jeune Rd #629 Miami, FL 33126-5547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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: _____ DATE: 4/19/01 (305) 443-3046

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CR2E034 (10/00)