

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

03 MAY 29 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M23193

1. Entity Name
NAVA-SALES YACHT BROKERAGE, INC.

Principal Place of Business
**C O SHELTON EVANS, P.A.
6175 NW 153RD ST STE 312
MIAMI LAKES FL 33014**

Mailing Address
**C O SHELTON EVANS, P.A.
6175 NW 153RD ST STE 312
MIAMI LAKES FL 33014**

2. Principal Place of Business
3074 LAKEWOOD CIR.

3. Mailing Address
3074 LAKEWOOD CIR

City & State
WESTON FL

City & State
WESTON FL

Zip
33332

Country

Zip
33332

Country

4. FEI Number
59-2603027

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**EVANS, SHELTON P.A.
6175 NW 153RD ST.
STE 312
MIAMI LAKES FL 33014**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3074 LAKEWOOD CIRCLE
City
WESTON FL Zip Code
33332

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sheldon Evans* DATE **4/19/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD EVANS, SHELTON 6175 NW 153RD ST STE 312 MIAMI LAKES FL 33014 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 3074 LAKEWOOD CIRCLE WESTON FLORIDA 33332 |
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sheldon Evans* DATE **4/19/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SHELDON EVANS SECRETARY**

CR2E034 (10/02)

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