

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90266 027 \*\*\*150.00

**DOCUMENT # M62696**

Entity Name  
**NAVEGAR, INC.**

80006574



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
S.W. 130 STREET FL 33186		12405 S.W. 130 STREET MIAMI FL 33186-6210	
Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0015862</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MIAMI CORPORATE SYSTEMS, INC. 5200 BLUE LAGOON DR., SUITE 700 SUITE 300 MIAMI FL 33126		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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)

**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.  **\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D GARCIA, CARLOS MIGUEL 12405 SW 130TH ST MIAMI FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
	<input type="checkbox"/> Delete	CITY-ST-ZIP	
TITLE	PT FERNANDEZ, MARTHA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
	<input checked="" type="checkbox"/> Delete	CITY-ST-ZIP	
TITLE	President Lisa A. Leahy	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
	<input type="checkbox"/> Delete	CITY-ST-ZIP	
TITLE	Vice President Manuel Batista	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
	<input type="checkbox"/> Delete	CITY-ST-ZIP	
TITLE	Treasurer Omar Fonte	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
	<input type="checkbox"/> Delete	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
	<input type="checkbox"/> Delete	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:** *Lisa A. Leahy* **Date:** 1-10-00 **Daytime Phone #:** (305) 232-1821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)