

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91319 003 \*\*\*150.00

**DOCUMENT # P0000069613**

1. Entity Name  
**NAVICON, CORP.**

Principal Place of Business : Mailing Address  
**19761 SW 79TH PLACE 19761 SW 79TH PLACE**  
**MIAMI FL 33189 MIAMI FL 33189**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **4914 S.W. 147 Place** 3. Mailing Address **4914 S.W. 147 Place**  
 Suite, Apt. #, etc.

City & State **Miami, FL** City & State **Miami, FL**

4. FEI Number **65-1028996 65-126204** Applied For  
 Not Applicable

Zip **33185** Country **USA** Zip **33185** Country **USA** 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ROTH, LEONARDO A ESQ**  
**C/O ROTH ROUSSO & BENJAMIN PA**  
**9350 SOUTH DIXIE HWY PH 2**  
**MIAMI FL 33156**

7. Name and Address of New Registered Agent  
 Name **NAVICON CORP.**  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **Miami** **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.  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>VITTORI, LUIS E</b> <b>19761 SW 79TH PLACE</b> <b>MIAMI FL 33189</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>LAZZARIS, MARIO H</b> <b>19761 SW 79TH PLACE</b> <b>MIAMI FL 33189</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>ZANZOTTERA, CARLOS H</b> <b>19761 SW 79TH PLACE</b> <b>MIAMI FL 33189</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>ROUST, HORACIO E</b> <b>19761 SW 79TH PLACE</b> <b>MIAMI FL 33189</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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:** **SIGNATURE REQUIRED** **4/30/2002** **(305) 951-4300**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)