

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000082697

1. Entity Name

NAVES Y SERVICIO CORPORATION



FILED

03 DEC 12 AM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4763 NW 72nd AVE

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FL

Zip

33166

Country

Zip

33166

Country

4. FEI Number

65-1036898

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

LUIS H. ROJO

Street Address (P.O. Box Number is Not Acceptable)

4763 NW 72nd AVE

City

MIAMI

FL

Zip Code

33166

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

[Signature]

12-10-2003

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT

LUIS H. ROJO

4763 NW 72nd AVE

MIAMI, FL 33166

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

200026618642
01/09/04--01078--012 **150.00

TITLE

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NAME

STREET ADDRESS

CITY-ST-ZIP

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 on an attachment with an address, with all other like empowerment.

SIGNATURE:

[Signature]

12-10-2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

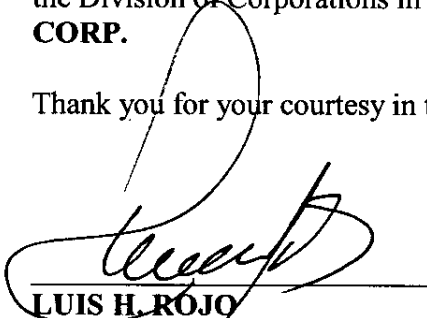
CR200346 (12/02)

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 150.00 for the annual report fee with my application.

Please be advise that on December 01, 2002 we moved to 4763 NW 72nd AVE-MIAMI, FL 33166 and we did not receive the U.B.R. for the year 2003 or any other notice from the Division of Corporations in respect with the Corporation **NAVES Y SERVICIO, CORP.**

Thank you for your courtesy in this matter.



LUIS H. ROJO
PRESIDENT