2201 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 19, 2001 8:00 am

S. Certificate of Status Desired Agent Status Desired Age	1. Entity Nar NAVIX NI	TIB ETWORX, INC.	F0000C	0084625			ý	Secretary of State 08-29-2001 90018 002 ***550.00	
Suite, Apt. #, etc. City & State Applied For Not Applied For Required 6. Name and Address of Current Registered Agent Name ALHAMBRA REGISTERED AGENTS, INC. C/O KARP & GENAUER, P.A. 2 ALHAMBRA PLAZA - SLITE 1202 CORAL GABLES FL 33134 City FL Zip Code â. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. SIGNATURE Signature, typed or printed name of registered Agent and the # sophicable. NOTE Registered Agent signature required when rentaining DATE FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Chack Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	2601 S. BAYSHORE DRIVE #500 2601 S. BAYSHORE DRIVE						¥		
City & State A, FEI Number Not Applied For Not Applied For Not Applied State of Status Desired \$8:75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALHAMBRA REGISTERED AGENTS, INC. C/O KARP & GENAUER, P.A. 2 ALHAMBRA PLAZA - SUITE 1202 CORAL GABLES FL 33134 City 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 Signature typed or printed name of registered agent and total application. (NOTE: Registered Agent signature reculted when recutating) DATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) After September 12, 2001 Fee will be \$750.00 Make Chack Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	2. Principal	Place of Business		3. Mailing Address					
Not Applicate Not Applicate Status Desired Status Desired Agent Status Desired Status Desired Status Desired Agent Status Desired	Sulte, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WRITE IN THIS SPACE	
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C/O KARP & GENAUER, P.A. 2 ALHAMBRA PLAZA - SUITE 1202 CORAL GABLES FL 33134 City FL Zip Code A. 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 Signature, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when renutating) DATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Title NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Chack Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					N	ame			
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