2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000094190 **DOCUMENT #**

1. Entity Name

NAV ENTERPRISES, INC.



FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90182 032 ***150.00

	ies, inc.												
Principal Place of Business 5779 NW 151 STREET WAMI FL 33014		5779 NW	Mailing Address 5779 NW 151 STREET MIAMI FL 33014										
2. Principal Place of B	usiness	3. Mailing	g Address					1 00 1	i i i i i i i i i i i i i i i i i i i			14 0 48 48111	I 8811 LBEI
Suite, Apt. #, etc.		Suite,	Apt. #, etc.					☐ CHE	CK HERE	IF MAKIN	IG CHAI		
City & State		City &	State		`	4.	FEI Nur	o1-0	550366			Not	lied For Applicable
Zip 🙏	Country	Zip		Coun	ntry	ر⊷را⇔		ate of Status			Fee R	5 Addit lequired	ional
	ame and Address of Curre	nt Registered	Agent	· · · · · ·		7.	. Name a	ind Addres	s of New F	Registere	d Agent		
	anie and Address of General				Name								
VEGA, ALEXANDE					Street Add	Iress (P.O	. Box Nur	nber is Not	Acceptable	e)			
5779 NW 151 ST	REET												
MIAMI FL 33014					City	 -	<u></u>			F	L Z	ip Code	
	entity submits this statemen			e rogistor	rod office or re	anistered	agent, or	both, in the	State of F	iorida. I a	m familia	ar with, a	ind accept
8. The above named the obligations of r	entity submits this statement registered agent.	t for the purpo	ise of changing it	is register	led office of te	sgistorea	ugo in o	,					
SIGNATURE	, typed or printed name of registered ag	gent and title if applic	cable. (NC	OTE: Register	red Agent signature	required who	en reinstating))		DAT	E		
After May 1	OW!!! FEE IS \$150.00 , 2003 Fee will be \$550.0	00					9.	Election C Trust Fund	ampaign F I Contributi				May Be to Fees
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Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

706-827-5665

Daytime Phone #