

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000011720

1. Entity Name

NAVARRO SECURITY GROUP, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90026 041 ***150.00

Principal Place of Business

540 N.E. 8TH STREET
FT. LAUDERDALE FL 33304

Mailing Address

540 N.E. 8TH STREET
FT. LAUDERDALE FL 33304-2715

2. Principal Place of Business

NAVARRO SECURITY GROUP
Suite, Apt. #, etc.

3. Mailing Address

1341 S.W. 21ST TERRACE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE

City & State

FLORIDA

4. FEI Number

65-0470496

☒ Applied For

☐ Not Applicable

Zip

Country

33312

U.S.A.

Zip

Country

33312

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAVARRO, SHARRON
540 N.E. 8 STREET
FORT LAUDERDALE FL 33304

Name

NAVARRO, SHARRON

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

1341 S.W. 21ST TERRACE

City

FORT LAUDERDALE

FL

Zip Code

33312

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

Sharron Navarro

2-4-00

(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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	NAVARRO, NICHOLAS G	
STREET ADDRESS	540 N.E. 8 STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SHARRON NAVARRO	
STREET ADDRESS	540 NE 8TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Sharron Navarro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-00

Date

Daytime Phone #

CR2E034 (9/99)