

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State
 03-13-2002 90108 028 ***150.00

0230050 AV

DOCUMENT # P94000054945

 1. Entity Name
 NAVAJO SANDALS, INCORPORATED

Principal Place of Business

 3535 NW 58TH ST
 MIAMI FL 33142
 US

Mailing Address

 3535 NW 58TH ST
 MIAMI FL 33142
 US


2. Principal Place of Business

430 C Ansin Blvd

Suite, Apt. #, etc.

3. Mailing Address

430 C Ansin Blvd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hollandale

City & State

Hollandale

Zip 33004

Country

Zip 33009

Country

4. FEI Number 65-0584429

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

 ROBINSON, RAYMOND L
 1501 VENERA AVE
 SUITE 300
 CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

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

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 title if applicable.

(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, 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

 TITLE PD
 NAME RABIN, JOEL M
 STREET ADDRESS 7435 N.W. 36TH AVENUE
 CITY-ST-ZIP MIAMI FL 33147
☐ Delete
 TITLE AS
 NAME ROBINSON, RAYMOND L
 STREET ADDRESS 1501 VENERA AVE STE 300
 CITY-ST-ZIP CORAL GABLES FL
☐ Delete
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 TITLE PD
 NAME RABIN, JOEL M.
 STREET ADDRESS 430 C Ansin Blvd
 CITY-ST-ZIP Hollandale, FL 33009
☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition
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 STREET ADDRESS
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☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)