

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90067 002 ***150.00

DOCUMENT # P96000077552

1. Entity Name

NAVARRO TECHNICAL SERVICES, INC.

Principal Place of Business

**803 NE 5TH TERRACE
NAVARRO TECHNICAL SERVICE
FORT LAUDERDALE FL 33304**

Mailing Address

**1341 SW 21ST TERRACE
FORT LAUDERDALE FL 33312****00013649**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1341 SW 21 Terrace

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, Fl. 33312

City & State

4. FEI Number **65-0698349**

Applied For

Not Applicable

Zip

Country

Zip

Country

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
1341 SW 21ST TERRACE
FORT LAUDERDALE FL 33312**

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, 2001 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** ☐ Delete
NAME **NAVARRO, NICHOLAS**
STREET ADDRESS **2225 NE 16TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VPD** ☐ Delete
NAME **NAVARRO, SHARRON**
STREET ADDRESS **2225 NE 16TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: *Nick Navarro*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 12, 2001

Date

954-581-1516

Daytime Phone #

CR2E034 (10/00)