## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000087380 Feb 13, 2000 8:00 am Secretary of State 1. Entity Name NAV 9. INC. 02-13-2000 90005 017 \*\*\*150.00 Principal Place of Business Mailing Address 5959 NW 37 AVE 5959 NW 37 AVE MIAMI FL 33142-2011 MIAMI FL 33142 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0728636 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Marcel Navarro\_\_ NAVARRO, JOSE Street Address (P.O. Box Number is Not Acceptable) 5959 NW 37 AVE **MIAMI FL 33142** 5959 N.W. 37 Ave. Zip Code 33142 Miami statement on the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above SIGNATUR NOTE. Registered Agent signature required when reinstating) e. typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D ☐ Delete TITLE Change ☐ Addition TITLE NAVARRO, JOSÉ F NAME NAME STREET ADDRESS STREET ADDRESS 5959 NW 37TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33142** ☐ Addition Delete TITLE ☐ Change TITLE NAVARRO, LUIS G NAME NAME STREET ADDRESS STREET ADDRESS 5959 NW 37TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33142** ☐ Addition ☐ Change ☐ Delete TITLE NAVARRO, MARCEL NAME NAME STREET ADDRESS STREET ADDRESS 5959 NW 37TH AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33142 ☐ Addition ☐ Change Delete TITLE TITLE NAVARRO. GABRIEL NAME NAME STREET ADDRESS STREET ADDRESS 5959 NW 37TH AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33142 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP In supplied withis filing does of quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information

SIGNATURE:

of the corporation or the re-

Jose F. Navarro/President

1-18-00

(305)633-3

CHATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

courate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director Secute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Daytime Phone #