FILED

CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2002 8:00 am P96000087383 DOCUMENT # **Secretary of State** 1. Entity Name 01-31-2002 90195 001 *3,150.00 **NAV 99, INC.** Principal Place of Business Mailing Address 5959 NW 37TH AVE. 5959 NW 37 AVE. MIAMI FL 33142 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0720146 Not Applicable Zip Country Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NAVARRO, MARCEL L Street Address (P.O. Box Number is Not Acceptable) 5959 NW 37TH AVE **MIAMI FL 33142** City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 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 TITLE TITLE Change ☐ Addition ☐ Delete NAME NAVARRO, JOSE F NAME 5959 NW 37TH AVENUE STREET ADDRESS STREET ADDRESS **MIAMI FL 33142** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAVARRO, LUIS G NAME NAME 5959 NW 37TH AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33142 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAVARRO, MARCEL NAME NAME **5959 37TH AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33142** CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAVARRO, GABRIEL NAME NAME 5959 NW 37TH AVENUE STREET ADDRESS STREET ADDRESS **MIAMI FL 33142** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITI F Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 equired 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: _

Marcel Navarro / CFO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/8/02

(305)633-30**0**0