2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000002911

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P9800002911 1. Entity Name NAVAJO VALLEY USA, INC.					May 16, 2000 8:00 am Secretary of State 05-16-2000 90047 002 ***150.00				
Principal Place	e of Business	Mailing Address		ĺ					
:/O JIM AMBU! 117 Castello IAPLES FL 341	* :-	C/O JIM AMBURN - EURO AMERICAN FINANCIAL . 5117-Castello Drive N <u>aples el 34183-190</u> 2							
2. Principal Pl 2 2000 Suite, Apt.:	ace of Business Spanish Leus Bud #. etc.	3. Mailing Address Progress Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	asprings FL	Bonda Springs Zip 34133	the Country		El Number 59 Certificate of Status	3499750 Desired	<u> </u>		
- 1130	6. Name and Address of Current R	egistered Agent	Name	7. N	Name and Address	of New Registere	ed Agent		Ì
AMBURN, JAMES W C/O EURO-AMERICAN FINANCIAL 5117 CASTELLO DR., STE 1 NAPLES EL-34103				ess (BO. B Spa e 20	ox Number is Not. MSh Wel O	<u> </u>			
	named entity submits this statement for		Bon	 	wings		L Zip Soft	-135	1
Tax filing re	Signature, typed or printed name of registered agent an reation is eligible to satisfy its Intangible aquirement and elects to do so.	FILE NOW!!! F After MAY 1, 2000 f Make Check Payable to	Fee will be \$550	.00 f State	10. Election Ca Trust Fund (DAT mpaign Financing Contribution.	□ \$5.0 Added	O May Be to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND E WEISS, MICHAEL O P.O. BOX 11596	DIRECTORS ☐ Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 4vP		ES TO OFFICERS A AEレO	ND DIRECTORS	S IN 11	2F034 (9/99)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAPLES FL 34101	□ Oelete	TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Change	Addition	CR
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
13. I hereby of indicated of the cor	certify that the information supplied with i con this report or supplemental report is poration or the receiver or trustee empor or on an atlachment with an address, w	true and accurate and that my si wered to execute this report as re	ionature shall hav	e the same	legal effect as it ma	ade under oath: tha	ιτ i am an oπicer	or airector	<u> </u>

FILED

Daytime Phone #