

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026394

1. Entity Name

TN-TECH NAVIGATOR, INC.

Principal Place of Business

580 NW 114TH AVENUE SUITE 204
MIAMI FL 33172

Mailing Address

580 NW 114TH AVENUE SUITE 204
MIAMI FL 33172-3573

2. Principal Place of Business

590 NW 114TH AVENUE

3. Mailing Address

590 NW 114TH AVENUE

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

Miami FL

City & State

Miami FL

Zip

33172

Country

USA

Zip

33172

Country

USA

4. FEI Number

65-0823111

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CERON, DIANA
580 NW 114TH AVENUE SUITE 204
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name CERON DIANA

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

590 NW 114TH AVENUE

Suite # 102

City

Miami

FL

Zip Code

33172

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, 2000 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 CERON, DIANA
STREET ADDRESS 580 N.W. 114 AVE., STE. 204
CITY-ST-ZIP MIAMI FL 33172 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CERON DIANA
STREET ADDRESS 590 NW 114TH AVENUE # 102
CITY-ST-ZIP MIAMI FL 33172 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Diana Ceron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-16-00 (305) 401-7843
Date Daytime Phone #

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90795 001 *****5.00

04-24-2000 90795 002 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)