

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
 04-18-2002 90447 049 ***150.00

DOCUMENT # P98000026394

1. Entity Name
TN-TECH NAVIGATOR, INC.

Principal Place of Business

590 NW 114TH AVENUE
102
MIAMI FL 33172

Mailing Address

590 NW 114TH AVENUE
102
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

15900 SW 53rd Terr.
 Suite, Apt. #, etc.

15900 SW 53rd Terrace
 Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33185

Country

USA

Zip

33185

Country

USA

4. FEI Number

65-0823111

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CERON, DIANA
590 NW 114TH AVENUE
SUITE 102
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

CERON, Diana

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

15900 SW 53rd Terrace

City

Miami

FL

Zip Code

33185

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]

Diana Ceron

04-08-02

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, 2002 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	QD	<input type="checkbox"/> Delete
NAME	CERON, DIANA	
STREET ADDRESS	590 NW 114TH AVENUE, #102	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	V	<input type="checkbox"/> Delete
NAME	RENDON, PEDRO	
STREET ADDRESS	590 NW 114TH AVENUE, 102	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	QD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diana Ceron	
STREET ADDRESS	15900 SW 53rd Terrace	
CITY-ST-ZIP	Miami FL 33185	
TITLE	RENDON PEDRO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENDON PEDRO	
STREET ADDRESS	15900 SW 53rd Terrace	
CITY-ST-ZIP	Miami FL 33185	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 of 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:

[Signature] **Diana Ceron**

04-08-02

(305) 632-9486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)