

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037341

1. Entity Name

NAVARRETE & ASSOCIATES, INC.

Principal Place of Business

6710 SW 12 PL  
MIAMI FL 33183

Mailing Address

6710 SW 127 PLACE  
MIAMI FL 33183-1330

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0830633

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELGADO, TERESA

15346 S.W. 72ND ST  
BLDG. 22 SUITE 14  
MIAMI FL 33193

Name Domingo A Navarrete

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

6710 SW 127 PL

City Miami

FL

Zip Code 33183

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

Domingo A Navarrete

Signature, typed or printed name of registered agent and title if applicable

Domingo A Navarrete

(NOTE: Registered Agent signature required when reinstating)

4/28/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME DELGADO, TERESA  
STREET ADDRESS 6710 SW 127 PLACE  
CITY-ST-ZIP MIAMI FL 33183

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

TITLE VD ☐ Delete  
NAME NAVARETTE, DOMINGO A  
STREET ADDRESS 6710 SW 127 PL  
CITY-ST-ZIP MIAMI FL 33183

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

Domingo A Navarrete  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-2000  
Date

305-388121  
Daytime Phone #

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90083 025 \*\*\*150.00

842952



DO NOT WRITE IN THIS SPACE