

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED  
02 APR 22 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000090434**  
1. Entity Name  
**NAV ELECTORINCS INC.**

Principal Place of Business      Mailing Address  
**7195 NW 179 St # 206**      **7195 NW 179 St # 206**  
**Miami FL 33015**      **Miami, FL 33015**

2. Principal Place of Business      3. Mailing Address  
**4631 NW 31 St Ave**      **7737 N UNIVERSITY DR**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite # 256**      **Suite # 201**  
City & State      City & State  
**Fort Lauderdale, FL**      **TAMARAC, FL**

4. FEI Number      Applied For  
**65-0871028**      Net Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MALIK, NAMRITA**  
**7195 NW 179th ST # 206**  
**MIAMI, FL 33015**

7. Name and Address of New Registered Agent  
Name: **RAJU MANIAR**  
Street Address (P.O. Box Number is Not Acceptable)  
**7737 N UNIVERSITY DR**  
**Suite # 201**  
City: **TAMARAC**      FL      Zip Code: **33321**

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: *R Maniar*      DATE: 4-18-02  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	<b>D. MALIK NAMRITA</b>
STREET ADDRESS	<b>7195 NW 179th ST # 206</b>
CITY-ST-ZIP	<b>MIAMI, FL 33015</b>
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 III 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>600005461896-00</b>
STREET ADDRESS	<b>-05/06/02--01045--020</b>
CITY-ST-ZIP	<b>****150.00      ****150.00</b>
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *R Maniar*      Date: \_\_\_\_\_      Daytime Phone #: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR