

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
 05-11-2000 90283 002 ***150.00

DOCUMENT # P98000107852

1. Entity Name
EDUARDO J. NAVARRO, P.A.

Principal Place of Business 3191 CORAL WAY SUITE 800 MIAMI FL 33145	Mailing Address 3191 CORAL WAY SUITE 800 MIAMI FL 33145-3218
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2. Principal Place of Business 225 ALCARAZ AVE.	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State CORAL GABLES FL.	City & State	4. FEI Number 65-0913383	Applied For <input type="checkbox"/> Not Applicable
Zip 33134	Country MIAMI DADE	Zip	Country

6. Name and Address of Current Registered Agent NAVARRO, EDUARDO J 3191 CORAL WAY SUITE 800 MIAMI FL 33145	7. Name and Address of New Registered Agent Name EDUARDO J. NAVARRO Street Address (P.O. Box Number is Not Acceptable) 225 ALCARAZ AVE City CORAL GABLES FL Zip Code 33134
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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 _____ (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCFO NAVARRO, EDUARDO J 3191 CORAL WAY #800 MIAMI FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAVARRO, EDUARDO J 3191 CORAL WAY #800 MIAMI FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Eduardo J. Navarro* **4/27/00** **443-6163**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)