

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 13, 2000 08:00 AM****Secretary of State****DOCUMENT # P99000094519****1. Entity Name**

NAVIGATORS ENTERTAINMENT GROUP, INC.

Principal Place of Business6745 NORTHWEST 169TH STREET
SUITE E
MIAMI
33015

FL

Mailing AddressPOST OFFICE BOX 172386
MIAMI
330172386

FL

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State****Zip****Country****Zip****Country****4. FEI Number****65-0959113****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 AgentSPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUECORAL GABLES
33134

US

FL

7. Name and Address of New Registered Agent**Name**

DORSAINVIL RALPHAEL SEC

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

9015 SW 125 AVE

#N104City
MIAMI**FL**Zip Code
33186**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 RAPHAEL DORSAINVIL****09/13/2000**

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	SD	<input type="checkbox"/> Delete
NAME	DORSAINVIL RALPHAEL	
STREET ADDRESS	6745 NORTHWEST 169TH STREET	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ECKHART AARON	
STREET ADDRESS	6745 NORTHWEST 169TH STREET	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JACKSON TORY	
STREET ADDRESS	6745 NORTHWEST 169TH STREET	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROSARIO ODALI	
STREET ADDRESS	6745 NORTHWEST 169TH STREET	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	TAVAREZ JOSE	
STREET ADDRESS	6745 NORTHWEST 169TH STREET SUITE E	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ALVAREZ ONEL	
STREET ADDRESS	6745 NORTHWEST 169TH STREET SUITE E	
CITY-ST-ZIP	MIAMI FL 33015	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORSAINVIL RAPHAEL	
STREET ADDRESS	6745 NORTHWEST 169TH STREET	
CITY-ST-ZIP	MIAMI FL 33015	
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 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** Onel Alvarez**PD** 09/13/2000

JASON T. COLON
6745 NW 169 ST
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MIAMI, FL. 33015

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