

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **999000097539**
 1. Entity Name
NAVITAS CORP.



DO NOT WRITE IN THIS SPACE

90100587

2. Principal Place of Business
1041 SE 17th STREET
 Suite, Apt. #, etc.
101
 City & State
FT. LAUDERDALE, FL

3. Mailing Address
1041 SE 17th STREET
 Suite, Apt. #, etc.
101
 City & State
FT. LAUDERDALE, FL

4. FEI Number
65-0962515

5. Certificate of Status Desired \$6.75 Additional Fee Required

Zip **33316** Country **USA** Zip **33316** Country **USA**

DO NOT WRITE IN THIS SPACE

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
ALEXANDRA MAGER

Street Address (P.O. Box Number is Not Acceptable)
1041 SE 17th STREET

City
FT. LAUDERDALE FL Zip Code **33316**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* Administrator **4/14/03**

NOTE: Registered Agent signature required when re-registering.

January 1 - May 1 Fee is \$150.00
 After May 1 Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT KUTZ, UWE DOCKSIDE, CLOISTER DRIVE NASSAU, BAHAMAS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR FREY, WILLY DOCKSIDE, CLOISTER DRIVE NASSAU, BAHAMAS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

PAID
APR 16 2003
 BY: **1910**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **4/14/03** **954-523-3131**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (1/2/02)