

**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**

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

4. FEI Number  
**65-0962515** Applied For  
 Not Applicable

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

**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  Administrator DATE **4/14/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

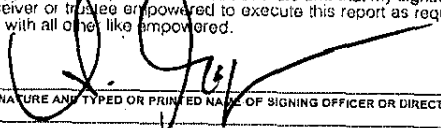
January 1 - May 1 Fee is \$150.00  
 After May 1 Fee is \$550.00  
 Amended UBR is \$61.25  
 Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PRESIDENT<br/>KUTZ, UWE<br/>DOCKSIDE, CLOISTER DRIVE<br/>NASSAU, BAHAMAS</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DIRECTOR<br/>FREY, WILLY<br/>DOCKSIDE, CLOISTER DRIVE<br/>NASSAU, BAHAMAS</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:  DATE **4/14/03** **954-523-3131**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (1/2/02)