

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000098259**

1. Entity Name

NAVARRO & SONS CARPET INSTALLATION, I

FILED
Jun 19, 2000 8:00 am
Secretary of State

06-19-2000 90004 003 ***150.00

Principal Place of Business

Mailing Address

641 W. 53 STREET
HIACLEAH - FL 33012

SAME

2. Principal Place of Business

3. Mailing Address

641 W 53 STREET
Suite, Apt. #, etc.

SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HIACLEAH - FL 33012

City & State

SAME

4. FEI Number

65-0962507.

Applied For

Not Applicable

Zip

33012

Country

33012

Zip

33012

Country

33012

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRAULIO NAVARRO
641 W. 53 STREET
HIACLEAH - FL 33012

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	BRAULIO NAVARRO	
STREET ADDRESS	641 W 53 STREET	
CITY-ST-ZIP	HIACLEAH - FL 33012	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME	DANIEL NAVARRO	
STREET ADDRESS	641 W 53 STREET	
CITY-ST-ZIP	HIACLEAH - FL 33012	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	HIOVANY NAVARRO	
STREET ADDRESS	641 W 53 STREET	
CITY-ST-ZIP	HIACLEAH - FL 33012	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Braulio Navarro President / **6/05/00** / **(305) 822-2777**

Date

Daytime Phone #

CR2E034 (9/99)