

# 03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V20305**

1. Entity Name  
**Navarra Foods, Inc**



FILED  
03 MAY 23 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**65 Hampton Circle**  
Suite, Apt. #, etc.

City & State  
**Navarre, FL**  
Country  
**USA**

City & State  
**Wiceville, FL**  
Country  
**USA**

4. FEI Number  
**59-3505100**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent  
Name  
**Michael S. Nobles**  
Street Address (P.O. Box Number is Not Acceptable)  
**65 Hampton Cir.**  
City  
**Wiceville** FL Zip Code  
**32578**

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 **Michael S. Nobles** DATE **5-20-3**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>President/Director Allan Amaranto 1092 Courtinger Ct. Wiceville, FL 32578</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300019836983 05/23/03--01027--014 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec./Trea/Director Michael Nobles 65 Hampton Cir. Wiceville, FL 32578</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: **Michael S. Nobles** **Michael S. Nobles** DATE **5-20-3** Daytime Phone # **850/729-7849**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)