

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V62399

1. Entity Name

NAVARRO GROUP LTD. INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90026 040 ***150.00

Principal Place of Business

540 NE 8TH STREET
SUITE 200A
FT LAUDERDALE FL 33304

Mailing Address

540 NE 8TH STREET
SUITE 200A
FT LAUDERDALE FL 33304-2715

2. Principal Place of Business

NAVARRO GROUP LTD INC
Suite, Apt. #, etc.

3. Mailing Address

1341 S.W. 21ST TERRACE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PORT LAUDERDALE

City & State

FLORIDA

4. FEI Number

65-0357969

☒ Applied For

☐ Not Applicable

Zip

Country

33312

U.S.A.

Zip

Country

33312

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAVARRO, SHARRON
540 NE 8TH STREET
SUITE 200A
FT LAUDERDALE FL 33304

Name

NAVARRO, SHARRON

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

1341 S.W. 21ST TERRACE

City

FT. LAUDERDALE

FL

Zip Code

33312

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

Sharron Navarro

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-4-00

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 PD
NAME NAVARRO, NICHOLAS
STREET ADDRESS 540 NE 8TH STREET
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD
NAME NAVARRO, SHARRON
STREET ADDRESS 540 NE 8TH STREET
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Sharron Navarro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-4-00

Daytime Phone #

CR2E034 (9/99)