

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V62399

1. Entity Name

NAVARRO GROUP LTD. INC.

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90067 005 \*\*\*150.00

Principal Place of Business

540 NE 8TH STREET  
SUITE 200A  
FORT LAUDERDALE FL 33312  
US

Mailing Address

1341 SW 21ST TERRACE  
FORT LAUDERDALE FL 33312  
US

UUU13646



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1341 SW 21 Terrace

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0357969

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NAVARRO, SHARRON  
1341 SW 21ST TERRACE  
FORT LAUDERDALE FL 33312

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, 2001 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

TITLE NAME	PD NAVARRO, NICHOLAS	<input type="checkbox"/> Delete
STREET ADDRESS	540 NE 8TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE NAME	VSD NAVARRO, SHARRON	<input type="checkbox"/> Delete
STREET ADDRESS	540 NE 8TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2225 NE 16 Street	
CITY-ST-ZIP	Ft. Lauderdale, FL. 33304	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2225 NE 16 Street	
CITY-ST-ZIP	Ft. Lauderdale, FL. 33304	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Nick Navarro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jun. 12, 2001

Date

954-581-1516

Daytime Phone #

CR2E034 (10/00)