

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90035 018 ***158.75

658633

DO NOT WRITE IN THIS SPACE

DOCUMENT # F78481			
1. Entity Name Agro Air Associates, Inc.			
Principal Place of Business 2261 NW 67 Avenue Bldg. 700, STE. 214 Miami, FL 33122		Mailing Address P.O. BOX 523726 Miami, FL 33152	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent Richards, Richard L. 2261 NW 67 Avenue Miami, FL 33122		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	CD <input type="checkbox"/> Delete	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Fine, J. Frank	TITLE	
STREET ADDRESS	2261 NW 67 Avenue	NAME	
CITY-ST-ZIP	Miami, FL 33122	STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	
NAME	Fine, Barry H.	NAME	
STREET ADDRESS	2261 NW 67 Avenue	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33122	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	Zappia, John D.	NAME	
STREET ADDRESS	2261 NW 67 Avenue	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33122	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	Steman, Daniel L.	NAME	
STREET ADDRESS	2261 NW 67 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33122	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	
NAME	Richards, Richard L.	NAME	
STREET ADDRESS	2261 NW 67 Avenue	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33122	CITY-ST-ZIP	
TITLE	TAS <input checked="" type="checkbox"/> Delete	TITLE	
NAME	Machado, Orlando M.	NAME	
STREET ADDRESS	2261 NW 67 Avenue	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33122	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:  **Richard L. Richards** **04/26/01** **(305) 871-6606**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)