FILED
May 07, 2001 8:00 am
Secretary of State
05-07-2001 90064 050 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S02904

1. Entity Name

AGRICULTURAL DEVELOPMENT, INC.

A006250

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~701 BRICKELL AVE. #2000~~ ~~NATIONSBANK #3700~~ ~~MIAMI FL 33131~~ US	~~701 BRICKELL AVE. #2000~~ ~~NATIONSBANK #3700~~ ~~MIAMI FL 33131~~ US
2. Principal Place of Business: 80 SW 8th Street	3. Mailing Address: 80 SW 8 Street
Suite, Apt. #, etc.: 3100	Suite, Apt. #, etc.: 3100
City & State: Miami, FL	City & State: Miami, FL
Zip: 33130 Country: USA	Zip: 33130 Country: USA

4. FEI Number: 65-0240215 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEFELER, GEORGE ESQ
~~701 BRICKELL AVE. #2000~~
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 80 SW 8 Street Suite 3100

City Miami FL Zip Code 33130

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 ______ 4/24/01
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D / DUTARI, GRACIELA S / CALLE AQUILINO DE LA GUARDIA NO. 8 / EDIFICIO IGRA PANAMA FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: X ______ GRACIELA S. DUTARI, DIRECTOR 29/3/2001 (305)536 8856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #