

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90099 023 ***158.75

DOCUMENT # V42178

1. Entity Name
AGRICULTUREX CORPORATION

Principal Place of Business

**1602 ALTON ROAD
PMB 100
MIAMI FL 33139**

Mailing Address

**1602 ALTON ROAD
PMB 100
MIAMI FL 33139**

2. Principal Place of Business

1602 Alton Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

City & State
Miami Beach, FL

City & State

4. FEI Number **65-0396934**

Applied For

Not Applicable

Zip
33131

Country
U.S.A.

Zip

Country

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

**ALEXANDER, A.
1602 ALTON ROAD
PMB 500
MIAMI BEACH FL 33139**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME ~~KANSY, J.P.~~
STREET ADDRESS ~~1602 ALTON ROAD, PMB 500~~
CITY-ST-ZIP ~~MIAMI BEACH FL 33139~~

TITLE Change Addition
NAME **P - D KANSY, J.P.**
STREET ADDRESS **1602 Alton Road, # 100**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE Delete
NAME ~~VPS GAVARD, J~~
STREET ADDRESS ~~1602 ALTON RD., PMB 500~~
CITY-ST-ZIP ~~MIAMI FL 33139~~

TITLE Change Addition
NAME **VP - S GAVARD, J.**
STREET ADDRESS **1602 Alton Rd., # 100**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE Delete
NAME ~~TAS PANGLE, L~~
STREET ADDRESS ~~1602 ALTON RD., PMB 500~~
CITY-ST-ZIP ~~MIAMI BEACH FL 33139~~

TITLE Change Addition
NAME **T - AS PANGLE, L**
STREET ADDRESS **1602 Alton Rd., # 100**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE Delete
NAME ~~PD VALLEE, S~~
STREET ADDRESS ~~1602 ALTON ROAD, PMB 500~~
CITY-ST-ZIP ~~MIAMI BEACH FL 33139~~

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE 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:

J. Gward
J. Gward

J. Gward

04/17/01

Date

(305) 358-9990

Daytime Phone #

CR2E034 (10/00)