

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 518896

1. Entity Name  
AGRO AIR INTERNATIONAL, INC.

**FILED**  
**Jun 04, 2002 8:00 am**  
**Secretary of State**

06-04-2002 90202 010 \*\*\*150.00

Principal Place of Business

2261 NW 67TH AVENUE  
BLDG 700  
MIAMI FL 33122

Mailing Address

P.O. BOX 523726  
MIAMI FL 33152

2. Principal Place of Business

12845 NW 45 Avenue

Suite, Apt. #, etc.

3. Mailing Address

12845 NW 45 Avenue

Suite, Apt. #, etc.

City & State

Opalocka, FL

City & State

Opalocka, FL

4. FEI Number

59-1814532

Applied For

Not Applicable

Zip

33054

Country

US

Zip

33054

Country

US

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

6. Name and Address of Current Registered Agent

FINE, FRANK J  
242 WELLS ROAD  
PALM BEACH FL 33480

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME FINE, FRANK J  
STREET ADDRESS 242 WELLS ROAD  
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE VSD  
NAME FINE, BARRY  
STREET ADDRESS 242 WELLS ROAD  
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)