

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 683884

1. Entity Name

AGRIFLORA CORPORATION

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90038 018 ***150.00

Principal Place of Business

9475 NW 13 ST
MIAMI FL 33172
US

Mailing Address

9475 NW 13 ST
PO BOX 524164
MIAMI FL 33152-4164

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2036294

Applied For

Not Applicable

Zip

Country

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

VARELA, ALVARO
9475 NW 13 ST
MIAMI FL 33172

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, 2000 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 PD
NAME VARELA, ALVARO
STREET ADDRESS 943 N. VENETIAN DR
CITY-ST-ZIP MIAMI FL 33139 ☐ Delete

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

TITLE SD
NAME VARELA, MARIO
STREET ADDRESS 530 CAMPANA AVE
CITY-ST-ZIP CORAL GABLES FL 33156 ☐ Delete

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

TITLE VD
NAME VARELA, FELIPE
STREET ADDRESS 16923 S.W. 79 COURT
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

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

TITLE VD
NAME VARELA, ANDRES
STREET ADDRESS 9915 SW 85 AVE
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

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

TITLE T
NAME DELATORRE, NORBERT
STREET ADDRESS 6911 W. WEDGEWOOD AVE.
CITY-ST-ZIP DAVIE FL 33331 ☐ 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

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 an other like empowered.

SIGNATURE:

Norbert Delatorre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORBERT DELATORRE

04/26/00 (305) 477-0291
Date Daytime Phone #

EXT 222

CR2E034 (9/99)