

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90232 016 \*\*\*158.75

**DOCUMENT # 683884**

1. Entity Name  
**AGRIFLORA CORPORATION**



Principal Place of Business

**9475 NW 13 ST  
MIAMI FL 33172  
US**

Mailing Address

**9475 NW 13 ST  
PO BOX 524164  
MIAMI FL 33152**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 226648**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Miami, Florida**

Zip

Country

Zip

Country

**33122**

**U.S.A.**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARRIS, ELLIOTT  
111 SW 3RD STREET 6TH FLOOR  
MIAMI FL 33130**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PD** ☒ Change ☐ Addition  
NAME **Varela, Alvaro**  
STREET ADDRESS **9475 N.W. 13th Street**  
CITY-ST-ZIP **Miami, Florida 33172**

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

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

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

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

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

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

TITLE **AS** ☐ Delete  
NAME **HARRIS, ELLIOTT**  
STREET ADDRESS **111 SW 3RD ST 6TH FLOOR**  
CITY-ST-ZIP **MIAMI FL 33130**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**1/22/03**

**305 3580146**

Date

Daytime Phone #

CR2E034 (10/02)