

2002 UNIFORM BUSINESS REPORT (UBR)

0018967 AB

DOCUMENT # **A26711**

1. Entity Name

AGRI-DADE, LTD.

FILED

02 APR 19 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1250 24TH STREET N.W., #300
WASHINGTON DC 20037

Mailing Address

1250 24TH STREET N.W., #300
WASHINGTON DC 20037

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

65-0080735

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

BLAKE, GERALD F

664 S. MILITARY TRAIL

DEERFIELD BEACH FL 33442

Name

Edward C. West

Street Address (P.O. Box Number is Not Acceptable)

5651 NW 24th Terr

City

Boca Raton

FL

Zip Code

33496

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

Edward C. West

4/16/02

DATE

9. Capital Contributions
as Shown on record.

\$25,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # M88841
NAME AGRIPOST DADE COUNTY, INC.
STREET ADDRESS 1250 24TH STREET N.W., #300
CITY-ST-ZIP WASHINGTON DC 20037

STREET ADDRESS 500005463195--2
CITY-ST-ZIP -05/06/02--01092--024
*****263.75 *****263.75

DOCUMENT # 580598
NAME AGRIPOST, INC.
STREET ADDRESS 1250 24TH STREET N.W., #300
CITY-ST-ZIP WASHINGTON DC 20037

STREET ADDRESS
CITY-ST-ZIP AL

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership, or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

John O. Forner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

John O. Forner, Pres. Agripost Inc.

4/9/02 202-776-7727

Date

Daytime Phone #

CR2E003 (9/01)