

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A26711

1. Entity Name
AGRI-DADE, LTD.



FILED

03 APR 18 PM 1:56

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
1714 Hoban Rd NW
Suite, Apt. #, etc.

3. Mailing Address
1714 Hoban Rd NW
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Washington, DC
Zip
20007
Country
USA

City & State
Washington, DC
Zip
20007
Country
USA

4. FEI Number 65-0080735

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WEST, EDWARD C
5651 NW 24TH TERR.
BOCA RATON FL 33496

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

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

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 FL. 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 1714 Hoban Rd NW
CITY-ST-ZIP Washington, DC 20007

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

STREET ADDRESS 1714 Hoban Rd NW
CITY-ST-ZIP Washington, DC 20007

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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:

Signature of Edward C. West
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/2/03

202-965-4921

Date

Daytime Phone #

CR2E003 (10/02)