

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001923

1. Entity Name
AGROZONA.COM, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90172 005 ***150.00

Principal Place of Business
2875 N.E. 191ST STREET, PH-1
AVENTURA FL 33180

Mailing Address
2875 N.E. 191ST STREET, PH-1
AVENTURA FL 33180

2. Principal Place of Business

3. Mailing Address

10800 BISCAYNE BLVD.

10800 BISCAYNE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1045

045

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33161

U.S.A

33161

U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR**
65-0996312

Applied For
Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2001 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 ACEVEDO, MAURICIO
STREET ADDRESS 2875 N.E. 191ST STREET, PH-1
CITY-ST-ZIP AVENTURA FL 33180 ☐ Delete

TITLE PD
NAME MAURICIO ACEVEDO
STREET ADDRESS 10800 BISCAYNE BLVD, STE 645
CITY-ST-ZIP MIAMI, FL 33161 ☐ Change ☐ Addition

TITLE VD
NAME PERLMAN, JOEL
STREET ADDRESS 2875 N.E. 191ST STREET, PH-1
CITY-ST-ZIP AVENTURA FL 33180 ☐ Delete

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

TITLE S
NAME PERLMAN, ALBERTO
STREET ADDRESS 2875 N.E. 191ST STREET, PH-1
CITY-ST-ZIP AVENTURA FL 33180 ☐ Delete

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

TITLE T
NAME FLOREZ, CARLOS
STREET ADDRESS 2875 N.E. 191ST STREET, PH-1
CITY-ST-ZIP AVENTURA FL 33180 ☐ Delete

TITLE T
NAME CARLOS FLOREZ
STREET ADDRESS 10800 BISCAYNE BLVD, STE 645
CITY-ST-ZIP MIAMI, FL 33161 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAURICIO ACEVEDO

Feb 28/01 305-891-7575

Date

Daytime Phone #

CR2E034 (10/00)