

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004637

1. Entity Name

AGRIGUMS INCORPORATED

Principal Place of Business

Mailing Address

3111 NORTH UNIVERSITY DRIVE
SUITE 623
CORAL SPRINGS FL 33065
US

3111 NORTH UNIVERSITY DRIVE
SUITE 623
CORAL SPRINGS FL 33065-5060
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3330290

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

RUTTER, MATTHEW B
31111 NORTH UNIVERSITY DRIVE
SUITE 623
CORAL SPRINGS FL 33065

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

TITLE D ☐ Delete
NAME HADDAD, MICHEL G
STREET ADDRESS 5 A PORCHESTER ROAD
CITY-ST-ZIP LONDON, ENGLAND OC W2-5D

TITLE D ☐ Delete
NAME HADDAD, GEORGE
STREET ADDRESS 45A PROCHESTER ROAD
CITY-ST-ZIP LONDON, ENGLAND OC W2-5D

TITLE VPTD ☐ Delete
NAME RUTTER, MATTHEW B
STREET ADDRESS 3111 NORTH UNIVERSITY DR. STE. 623
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE S ☐ Delete
NAME SMITH, JEROME B
STREET ADDRESS 6345 BALBOA BLVD #330
CITY-ST-ZIP ENCINO CA 33759

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

MATTHEW RUTTER

1/25/00

954-345-1717

Date

Daytime Phone #

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90029 002 ***150.00



DO NOT WRITE IN THIS SPACE