

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000179

1. Entity Name

AGRICOLA BARRANCA S.A.

Principal Place of Business

170 OCEAN LANE DR. NO. 803  
KEY BISCAYNE FL 33149

Mailing Address

170 OCEAN LANE DR. NO. 803  
KEY BISCAYNE FL 33149-1451

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

REYNA, RICARDO  
170 OCEAN LANE DR., NO. 803  
KEY BISCAYNE FL 33149

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.

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	C	<input type="checkbox"/> Delete
NAME	POBLETE, ALFONSO V	
STREET ADDRESS	CHOQUEHUANCA 845	
CITY-ST-ZIP	LIMA 27 - PERU	
TITLE	C	<input type="checkbox"/> Delete
NAME	POBLETE, ALFONSO B	
STREET ADDRESS	CHOQUEHUANCA 845	
CITY-ST-ZIP	LIMA 27 - PERU	
TITLE	D	<input type="checkbox"/> Delete
NAME	POBLETE, ROBERTO B	
STREET ADDRESS	CHOQUEHUANCA 845	
CITY-ST-ZIP	LIMA 27 - PERU	
TITLE	D	<input type="checkbox"/> Delete
NAME	REYNA, ICARDO Q	
STREET ADDRESS	170 OCEAN LN DR #803	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90085 001 \*\*\*300.00



DO NOT WRITE IN THIS SPACE

CR2F034 (9/00)

04-19-2000 (305) 361-9688