

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012255

1. Entity Name

AGROSALES, LLC

FILED

01 AUG 17 PM 12:17

Principal Place of Business

500 NE 185TH STREET, BAY #7  
MIAMI FL 33179

Mailing Address

500 NE 185TH STREET, BAY #7  
MIAMI FL 33179

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

65-1046438

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

YABLON, SHELDON  
20533 BISCAYNE BLVD., STE 448  
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name SHELDON YABLON

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

500 NE 185TH STREET  
BAY #7

City MIAMI

FL

Zip Code 33179

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

SHELDON YABLON

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By September 26, 2001

800004547378-4

-08/21/01--01067--013

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME YABLON, NICOLE  
STREET ADDRESS 500 NE 185TH STREET, BAY #7  
CITY-ST-ZIP MIAMI FL 33179

☐ Delete

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)