

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -2 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000002672**

1. Entity Name
INTERNATIONAL PEANUT COMPANY, LLC

Principal Place of Business

4125 ASTERIA TERRACE
NORTH PORT FL 34287

Mailing Address

4125 ASTERIA TERRACE
NORTH PORT FL 34287-3243



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0927945

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

T & H COMPTROLLERS, INC.
312 E. VENICE AVENUE, SUITE 120
VENICE FL 34292

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
MGRM DURAN, RAMIRO
STREET ADDRESS 4125 ASTERIA TERRACE
CITY-ST-ZIP NORTH PORT FL 34287

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP
400003292944--6
-06/15/00--01155--016
*******50.00 *****50.00**

TITLE NAME Delete
MGRM CATIVELLI, GUSTAVO M
STREET ADDRESS FRAGUEIRO 1249 BARRIO COFICO
CITY-ST-ZIP (5000) CORDOBA ARGENTINA

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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 OF RAMIRO DURAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

5/31/00
Date

(941) 423-8822
Daytime Phone #

CR2E083 (9/99)