2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** M04434 1. Entity Name AGRO-ENTERPRISES, INC. Principal Place of Business Mailing Address 20230 HIGHLAND LAKES BLVD. 20230 HIGHLAND LAKES BLVD. N. MIAMI BEACH FL 33179 N. MIAMI BEACH FL 33179



Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addition Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  Name  REGISTERED AGENT SERVICES CO. 444 BRICKELL AVE. SUITE 200 MIAMI FL 33131  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 table if applicable. (NCTE: Registered Agent signature required when reinstating)  DATE  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTERIOR Contribution.							
City & State  Country  Country  Country  Signature, typed or printed name of registered agent and title if applicable.  City State  FILE NOW!!! FEE IS \$150.00  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  A FEI Number 59-2443857  A Applit Not A  Service of Status Desired   \$8.75 Addition Fee Required    Street Address of New Registered Agent    Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  FILE NOW!!! FEE IS \$150.00  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS IN  Delde  TILE  Delde  Delde  TILE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  Country  Squalues Page 14. FEI Number 59-2443857  Addition Fee Required Agent Status Desired    Status Desired of Status Desired    Status Desired	2. Principal	Place of Business	3. Mailing Address		T SEATURALS III BRAST DIGII OSUUR NISHI REDII DIDII DIDIN DIDIK CIDIN DIDIK BURK BURK IDRI		
Zip Country Zip Country 5, Certificate of Status Desired \$8.75 Addition Fee Required  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  REGISTERED AGENT SERVICES CO.  444 BRICKELL AVE.  SUITE 200  MIAMI FL 33131  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and table if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  TILLE  D Delete  TILLE  Country  5, Certificate of Status Desired  \$8.75 Addition Fee Required  \$8.75, Addition Fee Required  \$1. Name  Address (P.O. Box Number is Not Acceptable)  Little  Till  Till  D Delete  Till	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addition Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  Name  REGISTERED AGENT SERVICES CO.  444 BRICKELL AVE.  SUITE 200  MIAMI FL 33131  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)  PATE  P. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  (See criteria on back)  FILE NOW!!! FEE IS \$150.00  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  10. Election Campaign Financing Trust Fund Contribution.  \$5.00 Now Added to Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change of C	City & State		City & State		4. FEI Number 59-2443857 Applied For Not Applicab		
REGISTERED AGENT SERVICES CO.  444 BRICKELL AVE. SUITE 200 MIAMI FL 33131  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.  Name  City  FL  Zip Code  10. Election Campaign Financing Trust Fund Contribution.  \$5.00 in After May 1, 2002 Fee will be \$550.00 in Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change in	Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional		
REGISTERED AGENT SERVICES CO.  444 BRICKELL AVE. SUITE 200 MIAMI FL 33131  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 filling requirement and elects to do so. (See criteria on back)  FILE NOW!!! FEE IS \$150.00  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTUE  Change		6. Name and Address of Curre	ent Registered Agent				
SUITE 200 MIAMI FL 33131  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 filling requirement and elects to do so.  (See criteria on back)  DITILE  DELETIONS INTERMENTAGES TO OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTERMENTAGES	444 BRICKELL AVE. SUITE 200			Name	Name		
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 filling requirement and elects to do so. (See criteria on back)  Make Check Payable to Department of State  10. Election Campaign Financing Trust Fund Contribution.  Added to Added to Added to Trust Fund Contribution.  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  Delete				Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
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 filling requirement and elects to do so. (See criteria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change.	MIAMI FL 33131 City Zip Code						
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)   This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)   This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)   After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution.   Added to Make Check Payable to Department of State   Trust Fund Contribution.   Change Total Change	B. The above	e named entity submits this statemen	t for the purpose of changing its	registered office or regis			
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTILE  13. Signature required when reinstating)  14. Election Campaign Financing Trust Fund Contribution.  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTILE  16. Change Change	<i>y</i> 1110 00010	Thanks only submits this statemen	tion the purpose of changing its i	registered office of regi	igistered agent, or both, in the State of Florida.		
Tax filing requirement and elects to do so. (See criteria on back)  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  10. Election Campaign Financing Trust Fund Contribution.  Trust Fund Contribution.  Added to State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  13. Delete Title	SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	: Registered Agent signature req	required when reinstating) DATE		
TITLE D Delete TITLE Change C	Tax filing	requirement and elects to do so.	After May 1, 200	2 Fee will be \$550.0	0.00 Trust Fund Contribution 55.00 May Be		
	1.		ID DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
STREET ADDRESS CITY-ST-ZIP  N. MIAMI BEACH FL  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP	NAME STREET ADDRESS	BAYON, JAIME 20230 HIGHLAND LKS. BLVD	☐ Delete	NAME STREET ADDRESS	Change Additio		
TITLE NAME BAYON, CLEMENCIA STREET ADDRESS CITY-ST-ZIP N. MIAMI BEACH FL  Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	BAYON, CLEMENCIA 20230 HIGHLAND LKS. BLVD	□ Delete	NAME STREET ADDRESS	☐ Change ☐ Additio		
TITLE         Delete         TITLE         Change         Change           NAME         NAME         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP	iame Treet address		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition		
TITLE Delete TITLE Change Change STREET ADDRESS CITY-ST-ZIP	AME TREET ADORESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  CHANGE  CITY-ST-ZIP  TITLE  NAME  CHANGE  CHANG	ame Treet address		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition		
TITLE 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 maddened as 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 maddened as 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 maddened as 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 maddened as that the information is 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 maddened as 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 maddened as 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 maddened as 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 maddened as 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 maddened as 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 maddened as the information indicated on the information indicated on the information indicated on the information indicated in the information indicated in the information indicated in the information indicated in the infor	AME TREET ADDRESS TY-ST-ZIP	ortification information		NAME STREET ADDRESS CITY-ST-ZIP			

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: