2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Apr 26, 2000 8:00 am Secretary of State DOCUMENT # M88841 AGRIPOST DADE COUNTY, INC. 04-26-2000 90079 026 ***150.00 Principal Place of Business Mailing Address 1250 24TH ST NW 1250 24TH ST NW #300 WASHINGTON DC 20037 WASHINGTON DC 20037-1124 2US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0070336 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEST, E C Street Address (P.O. Box Number is Not Acceptable) 5651 NW 24TH TERR **BOCA RATON FL 33496** 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSD ☐ Change ☐ Addition TITI F TITLE ☐ Delete FORRER, JOHN O MARAE NAME STREET ADDRESS 1250 24TH ST NW STE 300 STREET ADDRESS CITY-ST-ZIP WASHINTON DC 20037 CITY-ST-ZIP 💢 Change ☐ Addition ☐ Delete TITLE TITLE WEST, EDWARD C. NAME 5651 STREET ADDRESS STREET ADDRESS 5661 NW 24TH TERRACE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** ☐ Change Addition ☐ Delete TITLE TITLE KELLER, FREDERICK F JR NAME NAME STREET ADDRESS 11 5THA VE STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP NY NY 12000 Addition X Delete TITLE TITLE Cooksey, Neil 6135 Park South Drive WALKER, JAMES M. NAME NAME STREET ADDRESS STREET ADDRESS ONE SOUTH EXECUTIVE PARK Charlotte, NC 28210 CITY-ST-ZIP CITY-ST-ZIP **CHARLOTTE NC 28287** TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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