

2002 UNIFORM BUSINESS REPORT (FUR)

0016551

DOCUMENT # M96000000103

1. Entity Name
AGRIFOS MINING L.L.C.

Principal Place of Business

COUNTY RD 676
NICHOLS FL 33863

Mailing Address

5151 SAN FELIPE
SUITE 1390
HOUSTON TX 77056

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

James A. Hernandez
Assistant Secretary

SIGNATURE

Signature, typed or printed name of registered agent and use 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 25, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME VAN AMERONGEN, LEWIS W
STREET ADDRESS 590 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY 10021 ☐ DeleteTITLE MGR
NAME CHAOUNI, FAROUK
STREET ADDRESS 5151 SAN FELIPE STE 1390
CITY-ST-ZIP HOUSTON TX 77056 ☐ DeleteTITLE MGR
NAME COTTON, TIMOTHY
STREET ADDRESS 5151 SAN FELIPE STE 1390
CITY-ST-ZIP HOUSTON TX 77056 ☐ DeleteTITLE MGR
NAME MINICK, DEANNA
STREET ADDRESS 812 CASSIN ROAD
CITY-ST-ZIP NAPERVILLE IL 60565 ☐ DeleteTITLE
NAME
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CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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 #



DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3874347

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

CR2E083 (4/02)