

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # M99000001810

1. Entity Name
BARTEC L.L.C.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
PO BOX 315
COUNTY ROAD 676
NICHOLS FL 33863-0315

Mailing Address
~~PO BOX 315~~ c/o Agri-Fos LLC
~~COUNTY ROAD 676~~ 664 Madison Avenue
~~NICHOLS FL 33863-0315~~ New York NY 10021



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MDM

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4020581

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

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 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

TITLE MGR
NAME COTTON, TIMOTHY
STREET ADDRESS 664 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY 10021

☐ Delete

TITLE
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STREET ADDRESS
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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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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] SIGNATURE REQUIRED

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

7/5/00
Date

(212) 201 8844
Daytime Phone #

CR2E083 (9/99)