2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2001 8:00 am
Secretary of State
06-08-2001 90008 048 ****61.25

DOCUMENT # N96000002817

1. Entity Name
CENTER FOR INTERNATIONAL AGRICULTURAL DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
9640 NW 7TH CIRCLE APT 20-17 PLANTATION, FL 33301	P.O. BOX 17897 PLANTATION, FL 33318

D0058003

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7504 NW 58TH CT	7504 NW 58TH CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMARAC, FL	City & State: TAMARAC, FL
Zip: 33321 Country: USA	Zip: 33321 Country: USA

4. FEI Number: 65-0675354 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOOMIS, EDWARD L. 9640 NW 7TH CIRCLE APT. 20-17 PLANTATION, FL 33301	Name: LOOMIS, EDWARD L Street Address (P.O. Box Number is Not Acceptable): 7504 NW 58TH CT City: TAMARAC FL Zip Code: 33321

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 $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOOMIS, EDWARD L. 9640 NW 7TH CIRCLE, APT 20-17 PLANTATION, FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOOMIS, EDWARD L. 7504 NW 58TH CT TAMARAC, FL 33321	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOOMIS, PAMELA J. 9640 NW 7TH CIRCLE, APT 20-17 PLANTATION, FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOOMIS, PAMELA, J 7504 NW 58TH CT TAMARAC, FL 33321	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOOMIS, GREGORY D 9640 NW 7TH CIRCLE, APT 20-17 PLANTATION, FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOOMIS, GREGORY D. 3267 E. FLAMINGO RD, APT. 102 LAS VAGAS, NV 89121	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward L Loomis (EDWARD L. LOOMIS) 4 June 2001 954 597-0584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #