

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005813

1. Entity Name

AGRINATUS, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90214 013 ****70.00

UUUJ4400



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| Principal Place of Business 13054 SW 133RD CT MIAMI FL 33186 US | Mailing Address 13054 SW 133RD CT MIAMI FL 33186-5855 US |
|--|---|

| | |
|---|---|
| 2. Principal Place of Business 13200 S.W. 128th Street | 3. Mailing Address 13200 S.W. 128th Street |
|---|---|

| | |
|----------------------------------|----------------------------------|
| Suite, Apt. #, etc. Suite E-4 | Suite, Apt. #, etc. Suite E-4 |
|----------------------------------|----------------------------------|

| | |
|--------------------------------|--------------------------------|
| City & State Miami, Florida | City & State Miami, Florida |
|--------------------------------|--------------------------------|

| | |
|-----------------------------|--|
| 4. FEI Number 65-0792275 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--|

| | | | |
|--------------|----------------|--------------|----------------|
| Zip 33186 | Country USA | Zip 33186 | Country USA |
|--------------|----------------|--------------|----------------|

| | |
|--|--------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|--|--------------------------------|

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACDANIEL, JOHN M. M ESQ.
ONE BISCAYNE TOWER, TWO SO BISCAYNE BLVD
SUITE 2975
MIAMI FL 33186

| |
|--|
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | DPT VIERA, REINALDO R 13438 S.W. 131 STREET MIAMI FL 33186 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV GLUCK, JACOB 825 S.W. 8 AVENUE MIAMI FL 33130 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS VIERA, MARCELO 13438 S.W. 131 STREET MIAMI FL 33186 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: SICARU Marcelo Viera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/00 3052325211
Date Daytime Phone #

CR2E037 (9/99)