

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90024 024 ***150.00

DOCUMENT # P01000056282

1. Entity Name
SVO INTERNATIONAL GRAINS CORP.

Principal Place of Business

**7585 N.W. 7TH STREET
MIAMI FL 33126**

Mailing Address

**7585 N.W. 7TH STREET
MIAMI FL 33126**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1140486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LAW FIRM OF MANFRED ROSENOW, P.A.
2425 CORAL WAY
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **JOSE A. VELASQUEZ SALINAS**

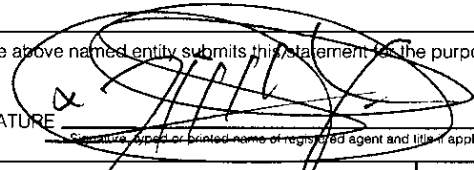
Street Address (P.O. Box Number is Not Acceptable)
7585 NW 7TH ST.

City **MIAMI**

FL

Zip Code **33126**

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  **JOSE A. VELASQUEZ SALINAS**

(NOTE: Registered Agent signature required when reinstating)

DATE

02/14/2002

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **VELASQUEZ SALINAS, JOSE A**
STREET ADDRESS **2001 S.W. 104TH AVENUE**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE **SD** ☐ Delete
NAME **DE SALINAS, YELBA OQUELI**
STREET ADDRESS **2001 S.W. 104TH AVENUE**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE A. VELASQUEZ SALINAS
PRESIDENT

Date

Daytime Phone #

02/14/2002 786-251-8221

CR2E034 (9/01)