

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90177 020 \*\*\*150.00

**DOCUMENT # P01000118004**

**1. Entity Name**  
**AGROCOMMODITIES SPECIALIST CORPORATION**



**Principal Place of Business**  
**3000 NE 190TH STREET**  
**NO 214**  
**AVENTURA FL 33180**

**Mailing Address**  
**3000 NE 190TH STREET**  
**NO 214**  
**AVENTURA FL 33180**

**2. Principal Place of Business**  
**3150 NE 190TH STREET**

**3. Mailing Address**  
**3150 NE 190TH STREET**

**Suite, Apt. #, etc.**  
**NO. 308**

**Suite, Apt. #, etc.**  
**NO. 308**

**City & State**  
**AVENTURA FL**

**City & State**  
**AVENTURA FL**

**Zip**  
**33180**

**Country**  
**USA**

**Zip**  
**33180**

**Country**  
**USA**

☒ **CHECK HERE IF MAKING CHANGES**

**4. FEI Number** **30-0034579**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**GUPTA, ANIL**  
**300 S POINT DR, UNIT 702**  
**MIAMI BEACH FL 33139**

**7. Name and Address of New Registered Agent**

**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. I am familiar with, and accept the obligations of registered agent.**

**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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ **Delete**  
**NAME** **VITERI, SONAI C**  
**STREET ADDRESS** **2107 SE 10TH AVE #808**  
**CITY-ST-ZIP** **FORT LAUDERDALE FL 33316**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
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**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with further like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-21-2003**

**954-816-3998**

Date

Daytime Phone #

CR2E034 (10/02)