

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

FILED

03 NOV -5 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000059707

1. Entity Name

Agrefert Corporation



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10295 Collins Ave

3. Mailing Address

10295 Collins Ave

Suite, Apt. #, etc.

1511

Suite, Apt. #, etc.

1511

City & State

Bal Harbour, FL.

City & State

Bal Harbour, FL.

Zip

33154

Country

US

Zip

33154

Country

US

800024451978
11/05/03--01059--012 **150.00
REINSTATEMENT

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Leonardo Ledain**

Street Address (P.O. Box Number is Not Acceptable)

10295 Collins Ave # 1511

City **Bal Harbour**

FL

Zip Code
33154

**DO NOT WRITE
IN THIS SPACE**

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.

Leonardo Ledain

110303

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD-Leonardo E Ledain- 10295 Collins Ave. #
1511 - Bal Harbour, FL. 33154**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V - Norberto Munoz - 10295 Collins Ave #
1511- Bal Harbour, FL. 33154**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T - Ulises Ledain - 10295 Collins Ave #1511 -
Bal Harbour, FL. 33154**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

Ulises Ledain/Tres

11/03/03

3056889694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034B (12/02)

November 3, 2003

State of FL. Div of Corp
PO Box 6327
Tallahassee, FL. 32314

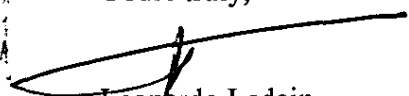
RE: Baires Group Enterprises, Inc.
P00000094938
Agrefert Corporation
P02000059707

To Whom It May Concern:

We received a letter from our lawyer that our corporations are dissolved. There has to be a mistake since we sent the renewal forms and payments since March 12th this year, We actually sent both corporations to be renewed at the same time. We have verified with our bank and the checks have not been cashed yet, a stop payment has been issued on both checks. Since we do not have copies of the original reports filed we are sending a blank form from your office and new checks for each corporation.

Please process the forms as soon as possible since this is delaying a matter at this time. We appreciate your help in this matter.

Yours truly,



Leonardo Ledain
President for both Corporations