

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90023 030 \*\*\*158.75

**DOCUMENT # P93000004700**

1. Entity Name  
**AGRA CORP.**

Principal Place of Business <b>2629 NW 16TH RD          MIAMI FL 33125          US</b>	Mailing Address <b>2629 NW 16TH RD          MIAMI FL 33125          US</b>
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2. Principal Place of Business <b>2617 N.W. 16<sup>th</sup> St. Rd.</b> Suite, Apt. #, etc.	3. Mailing Address <b>2617 N.W. 16<sup>th</sup> St. Rd.</b> Suite, Apt. #, etc.
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City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>	4. FEI Number <b>65-0383606</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33125</b>	Country <b>Dade</b>	Zip <b>33125</b>	Country <b>Dade</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**AGRA, JOSE M  
 2629 NW 16TH RD  
 MIAMI FL 33125**

7. Name and Address of New Registered Agent  
 Name **JOSE M. AGRA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2617 N.W. 16<sup>th</sup> St. Rd.**  
 City **Miami** FL Zip Code **33125**

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] DATE **01-21-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DPS AGRA, JOSE M 2629 NW 16TH RD MIAMI FL 33126 <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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2617 N.W. 16<sup>th</sup> Street Rd.          Miami, FL 33125</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] DATE **01-21-01** DAYTIME PHONE # **305-635-6945**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)