

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

02-27-2002 90037 012 \*\*\*158.75

**DOCUMENT # P93000004700**

1. Entity Name

AGRA CORP.

Principal Place of Business

2617 NW 16TH ST RD  
MIAMI FL 33125  
US

Mailing Address

2617 NW 16TH ST RD  
MIAMI FL 33125  
US

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

65-0383606

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARDANA, ROBERT L ESQ  
9220 SW 72ND ST.#203  
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name **JOSE M. AGRA**

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

**2617 NW 16 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 **JOSE M. AGRA**

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

(NOTE: Registered Agent signature required when reinstating)

**02-16-02**

DATE

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 **\$5.00** May Be  
Trust Fund Contribution: ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ Delete  
NAME **AGRA, JELDRYS**  
STREET ADDRESS **2617 NW 16TH ST RD**  
CITY-ST-ZIP **MIAMI FL 33125**

TITLE **DVPT** ☐ Delete  
NAME **AGRA, JOSE**  
STREET ADDRESS **2617 N.W 16TH STREET ROAD**  
CITY-ST-ZIP **MIAMI FL 33125**

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 **DPS** ☒ Change ☐ Addition  
NAME **JOSE M. AGRA**  
STREET ADDRESS **2617 NW 16 ST RD**  
CITY-ST-ZIP **MIAMI FL. 33125**

TITLE **DVPT** ☒ Change ☐ Addition  
NAME **JELDRYS AGRA**  
STREET ADDRESS **2617 NW 16 ST RD**  
CITY-ST-ZIP **MIAMI FL. 33125**

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

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

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

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: **JOSE M. AGRA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-16-02 305 635 6945**

Date

Daytime Phone #

CR2E034 (9/01)