

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000084421

1. Entity Name

AGROPEC TRADING, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90100 008 ***150.00

Principal Place of Business Mailing Address
1200 BRICKELL AVE., SUITE #680 1200 BRICKELL AVE., SUITE #680
MIAMI FL 33131 MIAMI FL 33122-1100
US US

2. Principal Place of Business 3. Mailing Address
7825 NW 29 Street 7825 NW 29 Street

Suite, Apt. #, etc. Suite, Apt. #, etc.
Unit 121 Unit 121

City & State City & State
Miami FL Miami - FL

Zip Country Zip Country
33122 USA 33122 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3214707 APPLIED FOR
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CINTRA, NATANAEL R
1200 BRICKELL AVE.
SUITE 680
MIAMI FL 33131

Name
Street Address (P.O. Box Number is Not Acceptable)
7825 NW 29 Street
Unit 121
City Miami FL Zip Code 33122

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CINTRA, NATANAEL R	
STREET ADDRESS	1200 BRICKELL AVE., SUITE 680	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7825 NW 29 Street / #121	
STREET ADDRESS	Miami - FL 33122	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Feb 27, 00 305 500.9944

Date

Daytime Phone #

CR2E034 (9/99)