

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90104 048 ***150.00

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1. Entity Name
AGROPEC TRADING, INC.



Principal Place of Business
**7825 NW 29 ST
UNIT 121
MIAMI FL 33122
US**

Mailing Address
**7825 NW 29 ST
UNIT 121
MIAMI FL 33122
US**



2. Principal Place of Business

1515 NW 167 ST, #212

3. Mailing Address

1515 NW 167 ST

Suite, Apt. #, etc.

SUITE 212

Suite, Apt. #, etc.

SUITE 212

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33169

Country

USA

Zip

33169

Country

USA

4. FEI Number

59-3214707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CINTRA, NATANAEL R
1825 NW 29 ST
UNIT 121
MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name

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

1515 NW 167 ST

SUITE 212

City

MIAMI

FL

Zip Code

33169

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **CINTRA, NATANAEL R**
CITY-ST-ZIP **7825 NW 29 ST #121-
MIAMI FL 33122**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1515 NW 167 ST. #212**
CITY-ST-ZIP **MIAMI, FL 33169**

TITLE ☐ Change ☒ Addition
NAME **CLERIA A. RIBEIRO**
STREET ADDRESS **1515 NW 167 ST #212**
CITY-ST-ZIP **MIAMI, FL 33169**

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

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 all power like empowered.

SIGNATURE:

SIGNATURE REQUIRED 01/22/03

Date

Daytime Phone #

CR2E034 (10/02)