

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000008385

1. Entity Name

COMPANIA AGRICOLA Y GANADERA REPUBLICA, S.A., IN

FILED

Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90066 034 ***150.00

Principal Place of Business

Mailing Address

7400 S.W. 123RD AVENUE
MIAMI FL 33183

7400 S.W. 123RD AVENUE
MIAMI FL 33183-3614

2. Principal Place of Business

3. Mailing Address

8306 Mills DR.
Suite, Apt. #, etc. 393

8306 Mills DR
Suite, Apt. #, etc. 393

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33186

33186

4. FEI Number

65-0552218

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARGUELLES, JOSE I
7400 S.W. 123RD AVENUE
MIAMI FL 33183

Name

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

8306 Mills DR # 393

City Miami

FL

Zip Code 33186

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

1/25/02 K

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 D
NAME ARGUELLES, JOSE I
STREET ADDRESS 7400 S.W. 123RD AVE.
CITY-ST-ZIP MIAMI FL 33183

8306 Mills DR.
Miami, FL 33186

TITLE
NAME
STREET ADDRESS
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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

Date

Daytime Phone #

1/25/02 K

CR2E034 (9/99)