

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000026704**

1. Entity Name

AGRIMOR Services Investment, Inc.

Principal Place of Business

Mailing Address

**1172 N.W. 133 Ct
Miami, FL 33182**

**1172 N.W. 133 Ct.
Miami, FL 33182**

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

65-0571572

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

**Rivera, Ariel
1172 NW 133 Court
Miami, FL 33182**

Name

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

City

FL

Zip Code

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 electing)

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, 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 **PD**
NAME **Rivera, Ariel**
STREET ADDRESS **1172 NW 133 Court**
CITY-STATE-ZIP **Miami, FL 33182**

TITLE **VD**
NAME **Rivera, Gananiel**
STREET ADDRESS **1172 NW 133 Court**
CITY-STATE-ZIP **Miami, FL 33182**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**800004670728-9
-11/07/01--01040--019
****158.75 ****158.75**

TITLE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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:

Ariel Rivera, President 10/16/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Page #

CR20034 (11/00)

Agrivmor Services & Investment Inc.
1172 Northwest 133rd Court
Miami, Florida 33182

October 18, 2001

State of Florida
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Document No. P95000026704
Agrivmor Services & Investment Inc

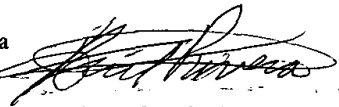
Enclosed, please find our check for the amount of \$ 150.00 for annual report for year 2001, plus the additional fee of \$ 8.75 regarding the certificate of status.

Our accountant notified of our delinquent status, please be aware that we never received the original packages of which your offices mails out to corporations within the state.

Please take notice of same in your decision of abating the reinstatement fee and allowing us to continue business without the added burden of additional penalties.

Respectfully submitted.

Ariel Rivera
President



Enclosures: 2001 Uniform Business Report (UBR)
Company check for \$ 158.75