FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Feb 15, 2001 8:00 am DOCUMENT # P95000082757 **Secretary of State** 1. Entity Name AGRI BROTHERS CORP. 02-15-2001 90086 027 \*\*\*150.00 Principal Place of Business Mailing Address 15901 S.W. 242 STREET PO BOX 924890 $\mathbf{U} \bowtie \mathbf{U} \mathbf{U} \bowtie \mathbf{U}$ MIAMI FL PRINCETON FL 33092 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0619863 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARAZOZA, COMAS, DE TORRES, ET. AL. Street Address (P.O. Box Number is Not Acceptable) 101 MADEIRA AVENUE **CORAL GABLES FL 33134** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) **PSD** TITLE ☐ Delete TITI F ☐ Change Addition ARAZOZA, ALBERTO NAME NAME STREET ADDRESS 9745 SW 110 ST. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33176** TITLE ☐ Delete TITLE Change ☐ Addition NAME ARAZOZA, EDUARDO NAME STREET ADDRESS STREET ADDRESS 470 CAMPANA AVE CITY-ST-7IP CITY-ST-ZIP CORAL GABLES FL 33156 ☐ Change TITLE Delete TITLE Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP 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.

D NAME OF SIGNING OFFICER OR DIRECTOR