

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000010741

1. Entity Name

AGRI-VEST INTERNATIONAL, INC.

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90239 002 ***150.00

Principal Place of Business

1 GROVE ISLE DRIVE
SUITE 1202
COCONUT GROVE FL 33133
US

Mailing Address

1 GROVE ISLE DRIVE
SUITE 1202
COCONUT GROVE FL 33133
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3435375

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHMIDT, JAMES M
1 GROVE ISLE LANE
STE 1202
COCONUT CREEK FL 33133

Name

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

1 GROVE ISLE DRIVE
SUITE 1202

City

COCONUT GROVE

FL

Zip Code

33133-4108

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DSC
SARANDES, ANTHONY
810 SOUTHWEST 80 STREET
OCALA FL 34474 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPT
SCHMIDT, JAMES
1 GROVE ISLE DRIVE #1202
COCONUT GROVE FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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CITY - ST - ZIP
☐ Change ☐ Addition

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

4/20/2001

Date

305-858-8260

Daytime Phone #

J. A. SCHMIDT

CR2E034 (10/00)