

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90055 010 ***150.00

UBR 1/24
1-1

DOCUMENT # **P96000035990**

1. Entity Name
AGROSALE, INC.



Principal Place of Business
**1335 NW 21 TERR
BAY #7
MIAMI FL 33142
US**

Mailing Address
**PO BOX 1038
MIAMI FL 33197
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
AGROSALE, INC.

3. Mailing Address
1335 N.W. 21 TER.

Suite, Apt. #, etc.
BAY-1

Suite, Apt. #, etc.
0-1

City & State
MIAMI, FL.

City & State
MIAMI, FL.

4. FEI Number **65-0680783**

Applied For
Not Applicable

Zip
33142

Country

Zip
33142

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

~~FERRER, ERNESTO
22121 SW 312TH STREET
HOMESTEAD FL 33030~~

Name **ERNESTO FERRER**

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

1335 N.W. 21 TER. 0-1

City **MIAMI**

FL

Zip Code **33142**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PTD FERRER, ERNESTO**
STREET ADDRESS **1335 NW 21 TERR BAY # 7**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SD FERRER, BERTHA L**
STREET ADDRESS **1335 NW 21 TERR BAY # 7**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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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 other like empowered.

SIGNATURE: **Ernesto Ferrer**

01-08-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)