

2001 UNIFORM BUSINESS REPORT (UBR)

4/2.

FILED
May 23, 2001 8:00 am
Secretary of State

04-23-2001 90170 022 ***150.00

DOCUMENT # P97000045932

1. Entity Name

AGRO-VINE ENTERPRISES INC.

Principal Place of Business

Mailing Address

6241 NW 16TH PLACE
 SUNRISE FL 33313

6241 NW 16TH PLACE
 SUNRISE FL 33313

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 **65-0768401**

Applied For

Not Applicable

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

ORDONEZ, CLAUDIO M
6241 NW 16TH PLACE
SUNRISE FL 33313

Name **Gabriel C. Odonez**

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

6241 NW 16TH Place

City **Sunrise**

FL

Zip Code **33313**

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

Gabriel C. Odonez

(Signature, typed or printed name of registered agent and fee # applicable)

(NOTE: Registered Agent signature required when reinstating)

05/04/01

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	P	<input type="checkbox"/> Delete
NAME	ORDONEZ, GABRIEL C	
STREET ADDRESS	6241 NW 16TH PLACE	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ORDONEZ, GABRIEL C	
STREET ADDRESS	6241 NW 16TH PLACE	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	DST	<input type="checkbox"/> Delete
NAME	ORDONEZ, SANDRA C	
STREET ADDRESS	6241 NW 16TH PLACE	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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

3/9/01

Date

Daytime Phone #

President

CR2E034 (10/00)