

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058569

1. Entity Name
INDAGRO TAMPA INCORPORATED

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90070 032 ***150.00

Principal Place of Business
14502 NORTH DALE MABRY HIGHWAY
SUITE 200
TAMPA FL 33618

Mailing Address
14502 NORTH DALE MABRY HIGHWAY
SUITE 200
TAMPA FL 33618

00027769



DO NOT WRITE IN THIS SPACE

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	59-3503992	Applied For
		Not Applicable.

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	--------------------------------

6. Name and Address of Current Registered Agent

KELLER, ALLEN S
13709 ATTLEY PLACE
TAMPA FL 33618

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	---

11. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	KELLER, ALLEN S
STREET ADDRESS	13709 ATTLEY PLACE
CITY-ST-ZIP	TAMPA FL 33624
TITLE	D <input type="checkbox"/> Delete
NAME	DEL CONTE, GIOVANNI
STREET ADDRESS	130 SYNGROU AVENUE
CITY-ST-ZIP	17671 ATHENS GREECE
TITLE	D <input type="checkbox"/> Delete
NAME	DEL CONTE, ALESSANDRO
STREET ADDRESS	130 SYNGROU AVENUE
CITY-ST-ZIP	17671 ATHENS GREECE
TITLE	D <input type="checkbox"/> Delete
NAME	DEL CONTE, THEODORE
STREET ADDRESS	130 SYNGROU AVENUE
CITY-ST-ZIP	17671 ATHENS GREECE
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: 3/19/01 813-265-8883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)