

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000060406

1. Entity Name
AGRI-IMPORT/EXPORT INC.



FILED

03 FEB 12 AM 11:05

CLERK OF THE STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
17520 NW 63RD CT
MIAMI FL 33015
US

Mailing Address
17520 NW 63RD CT
MIAMI FL 33015
US



2. Principal Place of Business
18520 NW 67AVE
Suite, Apt. #, etc.
363

3. Mailing Address
17520 NW 63 CT
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami FL
Zip
33015
Country
DADE

City & State
Hialeah FL
Zip
33015
Country
DADE

4. FEI Number
65-0827896

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VARONA, JOSE VALDES
5521 NW 202 TR
CAROL CITY FL 33055

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, CRISTIAN F	
STREET ADDRESS	17520 NW 63 CT	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NIMO, GUILLERMO	
STREET ADDRESS	17520 NW 63 CT	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MAIRA, HORACIO	
STREET ADDRESS	17520 NW 63 CT	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIMO, GUILLERMO	
STREET ADDRESS	17520 NW 63 CT	
CITY-ST-ZIP	Hialeah, FL 33015	
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		

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, 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 a power of attorney.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03 305-512-3676
Date Daytime Phone #