

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000079378

1. Entity Name

INTERNATIONAL AGRICULTURE EQUIPMENT CORP.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90144 004 ***150.00

Principal Place of Business

14941 SW 82ND TERR
209
MIAMI FL 33193

Mailing Address

1889 W. FLAGLER ST
MIAMI FL 33135-1939

2. Principal Place of Business

8322 NW 56th St.

3. Mailing Address

8322 NW 56th St.

Suite, Apt. #, etc.

222

Suite, Apt. #, etc.

222

City & State

Miami, FL

City & State

Miami, FL

Zip

33166

Country

Zip

33166

Country

4. FEI Number

65-0787534

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

MENA, MARIA E
1805 SANS SOUCI BLVD, #110
MIAMI FL 33183

Name

Jairo A. Melo

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

14941 SW 82nd Terr. # 209

Miami, FL 33193

City

55 590 73 2056

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

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, 2000 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 ☐ Delete
NAME MELO, JAIRO A
STREET ADDRESS 1348 NW 4 STREET #4
CITY-ST-ZIP MIAMI FL 33125

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

TITLE V ☒ Delete
NAME MENA, MARIA E
STREET ADDRESS 1805 SAND SOUCI BLVD STE 110
CITY-ST-ZIP NO MIAMI FL 33181

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

TITLE S ☐ Delete
NAME MONTE DE OCA, JUAN C
STREET ADDRESS CARRERA 12 NO 98-50, #214
CITY-ST-ZIP BOGOTA, COLUMBIA

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Date

Daytime Phone #

CR2E034 (9/99)