

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-21-2001 90038 015 ***150.00

DOCUMENT # P97000097513

1. Entity Name

AGRODCA EXIMPORT CORPORATION

Principal Place of Business

Mailing Address

~~11201 S.W. 1 COURT~~
~~PLANTATION FL 33325~~
US

~~11201 S.W. 1 COURT~~
~~PLANTATION FL 33325~~
US

935686



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4465 N.W. 110 Court

3. Mailing Address

4465 N.W. 110 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip 33178

Country U.S.

Zip 33178

Country U.S.

4. FEI Number

65-0794499

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMEJO, ANTONIO
11201 S.W. 1ST COURT
PLANTATION FL 33325

7. Name and Address of New Registered Agent

Name

4465 N.W. 110 Court

City

Miami

FL

Zip Code

33178

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAMEJO, ANTONIO	
STREET ADDRESS	11201 S.W. 1ST COURT	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CAMEJO, CARMEN	
STREET ADDRESS	11201 S.W. 1ST COURT	
CITY-ST-ZIP	PLANTATION FL 33325	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4465 N.W. 110 Court	
CITY-ST-ZIP	Miami, FL 33178	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4465 N.W. 110 Court	
CITY-ST-ZIP	Miami, FL 33178	
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:

ANTONIO CAMEJO

x 3.16.2001

x (954) 4394008

Date

Daytime Phone #

CR2E034 (10/00)