FILED
Apr 17, 2003 8:00 am
Secretary of State
04-17-2003 90158 026 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000097513

1. Entity Name
AGRODCA EXIMPORT CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7801 N.W. 37 STREET

Suite, Apt. #, etc.
SUITE 201

City & State
MIAMI, FL

Zip: 33166
Country: USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0794499
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: ANTONIO CAMEJO
Street Address (P.O. Box Number is Not Acceptable)
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when remailing)

Upon Filing: Any Filing Fee $150.00
Any Amendment Fee is $35.00
Amended UBR is $37.50
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE	President
NAME	Camejo, Antonio
STREET ADDRESS	4465 N.W. 110 Court
CITY-ST-ZIP	Miami, FL 33178
TITLE	Vice-President
NAME	Camejo, Carmen
STREET ADDRESS	4465 N.W. 110 Court
CITY-ST-ZIP	Miami, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Antonio Camejo — 786 853 4882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #