2002 UNIFORM BUSINESS REPORT (UBR)

Sep 17, 2002 8:00 am Secretary of State P98000096743 DOCUMENT # 1. Entity Name 09-17-2002 90110 042 ***150 00 AGROIMPEX, INC. Principal Place of Business Mailing Address 15328 N.W. 7 AVE 15328 N.W. 7 AVE MIAMI FL 33169 MIAMI FL 33169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 08-4648627 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent .SHARP, VICTORIA Street Address (P.O. Box Number is Not Acceptable) .1440 S OCEAN BLVD., #4C POMPANO BEACH FL 33062 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Addition TITLE ☐ Delete SHARP, VICTORIA NAME NAME STREET ADDRESS 1440 S OCEAN BLVD., #4C STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 305 681-5499

CITY-ST-ZIP

CITY-ST-ZIF

Daytime Phone

FILED

CR2E034 (4/02)

FREISTAT & LIEBMAN

Certified Public Accountants, LLC

16211 N.E. 18th Avenue • North Miami Beach, Florida 33162 • (305) 945-4151 • Telecopier 945-1215

Warren Freistet, C.P.A. Mark A. Liebmen, C.P.A.

September 13, 2002

Members: American Institute of Certified Public Accountants Florida Institute of Certified Public Accountants

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Florida 32302-1500

Re:

Agroimpex, Inc.

2002 Uniform Business Report

Dear Sir or Madam:

We represent the above referenced corporation and they have requested we explain, what we consider to be reasonable cause, for the delinquent filing and remitting of the Uniform Business Report, in an effort to have the penalty provision abated.

Having never received the first filing, our office discovered during our semi-annual accounting work that the original \$150.00 was never paid. Days later the taxpayer received the second filing and we advised them that they must file by September 13th and the State of Florida usually allows a one-time excusal. As a result, the taxpayer has implemented a reminder system to pay by March 1st, every year.

We respectfully request you accept the enclosed check of \$150.00 as full payment and waive the penalty for this singular filing delinquency.

Thank you for your cooperation in this matter.

Very truly yours,

FREISTAT & LIEBMAN CERTIFIED PUBLIC ACCOUNTANTS, LLC

Mark A. Liebman

Certified Public Accountant

MAL:bf Enclosure