

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000105576**

1. Entity Name

PREMIER AGRO PRODUCTS INC.**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90063 025 ***150.00

Principal Place of Business

1001 N FEDERAL HWY STE 205
HALLANDALE FL 33009

Mailing Address

3111 SW 23RD ST
HALLANDALE FL 33009-3011

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0911380

APPLIED FOR

Applied For

Not Applied

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

6. Name and Address of Current Registered Agent

LEDUC, REJEAN
1001 N FEDERAL HWY STE 205
HALLANDALE FL 33009

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.

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 State10. 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 PDG
NAME GIRARD, PIERRE ☐ Delete
STREET ADDRESS 3111 SW 23RD ST
CITY-ST-ZIP HALLANDALE FL 33009TITLE PDG
NAME Girard, Pierre ☐ Change ☐ Add
STREET ADDRESS 2300 Griffin Road, Lot 139
CITY-ST-ZIP Ft. Lauderdale, FL 33312TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Add
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Add
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
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NAME ☐ Change ☐ Add
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NAME ☐ Change ☐ Add
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Add
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

1-17-2000

Date

(954) 964-3130

Daytime Phone #