

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

0052109

DOCUMENT # P99000082787

1. Entity Name
AGRO SOFT USA, INC.

02-01-2001 90106 003 ***150.00

Principal Place of Business 104 HANGING MOSS DRIVE OVIEDO FL 32765	Mailing Address 104 HANGING MOSS DRIVE OVIEDO FL 32765
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1320 N SEMORAN BLVD Suite, Apt. #, etc. STE 106 City & State ORLANDO, FL Zip 32807	Country	3. Mailing Address 1320 N SEMORAN BLVD Suite, Apt. #, etc. STE 106 City & State ORLANDO, FL Zip 32807	Country
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4. FEI Number **59-3603862** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BORNAS, RAFAEL V
104 HANGING MOSS DRIVE
OVIEDO FL 32765

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)-
1320 N SEMORAN BLVD STE 106
 City **ORLANDO** **FL** Zip Code **32807**

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

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORNAS, RAFAEL V 104 HANGING MOSS DRIVE OVIEDO FL 32765	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1320 N SEMORAN BLVD - STE 106 ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ Date **01/16/2001** Daytime Phone # **407 249 1717**

CR2E034 (10/00)