

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90001 017 ***158.75

DOCUMENT # **P99000110241**

1. Entity Name **AGROL - U.S.A., Inc** ✓

Principal Place of Business

Mailing Address

1375 NW 89 CT
Miami FL 33172

same

007450

2. Principal Place of Business

3. Mailing Address

6116 S.W. 133 PL

6116 S.W. 133 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Florida

City & State

Miami FL

4. FEI Number

65-0982229

Applied For

Not Applicable

Zip

33183

Country

33183

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Ronald H Velez
6116 S.W. 133 PL
Miami FL 33183

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 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 **RONALD J. VELEZ** ☒ Delete
 STREET ADDRESS **6116 SW 133 PL**
 CITY - ST - ZIP **MIAMI FL 33183**

TITLE NAME **Ronald H Velez** ☐ Change ☒ Addition
 STREET ADDRESS **6116 S.W. 133 PL**
 CITY - ST - ZIP **MIAMI FL 33183 - President**

TITLE NAME **AUSEBIO A Reyes** ☐ Delete
 STREET ADDRESS **6116 S.W. 133 PL** V/C
 CITY - ST - ZIP **Miami FL 33183**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY - ST - ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
 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:

Ronald J. Velez 04/29/2000 (305) 594 4064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #