

FILED  
May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90949 028 \*\*\*150.00

2001 UNIFORM BUSINESS REPORT.(UBR)

DOCUMENT # S02074

1. Entity Name

FLORIDA AGRICULTURAL CORPORATION

C0058595

Principal Place of Business

701-BRICKELL AVENUE-  
#2000-  
MIAMI-FL-33130  
US

Mailing Address

701-BRICKELL AVENUE  
#2000-  
MIAMI-FL-33130-  
US

2. Principal Place of Business

80 SW 8th Street  
Suite, Apt. #, etc.  
3100

3. Mailing Address

80 SW 8th Street  
Suite, Apt. #, etc.  
3100

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0236021

Applied For

Not Applicable

Zip

33130

Country

USA

Zip

33130

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BEFELER, GEORGE ESO  
701-BRICKELL AVENUE-  
#2000-  
MIAMI-FL-33130-

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

80 SW 8th St. #3100

City

Miami

FL

Zip Code

33130

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

4/18/01

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

|                |                                    |                                 |
|----------------|------------------------------------|---------------------------------|
| TITLE          | D                                  | <input type="checkbox"/> Delete |
| NAME           | DUTARI, GRACIELA S                 |                                 |
| STREET ADDRESS | CALLE AQUILANO DE LA GUARDIA NO. 8 |                                 |
| CITY- ST- ZIP  | EDIFICIO INGRA, PANAMA             |                                 |
| TITLE          |                                    | <input type="checkbox"/> Delete |
| NAME           |                                    |                                 |
| STREET ADDRESS |                                    |                                 |
| CITY- ST- ZIP  |                                    |                                 |
| TITLE          |                                    | <input type="checkbox"/> Delete |
| NAME           |                                    |                                 |
| STREET ADDRESS |                                    |                                 |
| CITY- ST- ZIP  |                                    |                                 |
| TITLE          |                                    | <input type="checkbox"/> Delete |
| NAME           |                                    |                                 |
| STREET ADDRESS |                                    |                                 |
| CITY- ST- ZIP  |                                    |                                 |
| TITLE          |                                    | <input type="checkbox"/> Delete |
| NAME           |                                    |                                 |
| STREET ADDRESS |                                    |                                 |
| CITY- ST- ZIP  |                                    |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY- ST- ZIP  |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY- ST- ZIP  |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY- ST- ZIP  |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY- ST- ZIP  |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| 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: X

GRACIELA DUTARI, DIRECTOR

29/3/2001

(305) 536-8856