

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S02904

1. Entity Name

AGRICULTURAL DEVELOPMENT, INC.

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90016 022 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 701 BRICKELL AVE. #2000 NATIONSBANK. #3700 MIAMI FL 33131 US	Mailing Address 701 BRICKELL AVE. #2000 NATIONSBANK. #3700 MIAMI FL 33131-2834 US
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2. Principal Place of Business 701 BRICKELL AVENUE		3. Mailing Address 701 BRICKELL AVENUE	
Suite, Apt. #, etc. SUITE 2000		Suite, Apt. #, etc. SUITE 2000	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33131	Country USA	Zip 33131	Country USA

4. FEI Number 65-0240215	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BEFELER, GEORGE ESQ
701 BRICKELL AVE. #2000
~~100 S.E. 2ND ST.~~
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
BEFELER, GEORGE, ESQ.

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

SUITE 2000

City **MIAMI** FL Zip Code **33131**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: [Signature] **DIRECTOR** Date 04/19/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)