

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V69977

1. Entity Name
AGRESULTS, INC.

Principal Place of Business
11015 SW 69 AVE RD
MIAMI FL 33156

Mailing Address
11015 SW 69 AVE RD
MIAMI FL 33156

2. Principal Place of Business
609 BUCHANAN ST.
Suite, Apt. #, etc.

3. Mailing Address
609 BUCHANAN ST.
Suite, Apt. #, etc.

City & State
DAVIS, CA
Zip
95616
Country

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DAVIS, CA
Zip
95616
Country

4. FEI Number 65-0360460
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PEREZ, LUIS N.
1320 S DIXIE HWY
1000
CORAL GABLES FL 33146

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 Dean W. Wheeler 3 JAN., 02
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, 2002 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	PSD WHEELER, DEAN W. 11015 SW 69 AVE RD MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WHEELER, DEAN W. 609 BUCHANAN ST. DAVIS, CA 95616	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEELER, PAUL A. 11015 SW 69TH AVE RD MIAMI FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEELER, PAUL A. 609 BUCHANAN ST. DAVIS, CA 95616	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOENIG, BETH E 11015 SW 69TH AVE ST MIAMI FL 33156	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOENIG, BETH E. 609 BUCHANAN ST. DAVIS, CA 95616	<input checked="" 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: [Signature] 3 JAN., 02

FILED
Jan 09, 2002 8:00 am
Secretary of State
01-09-2002 90011 007 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)