

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 09, 2002 8:00 am**  
**Secretary of State**

01-09-2002 90011 007 \*\*\*150.00

**DOCUMENT # V69977**

1. Entity Name  
**AGRESULTS, INC.**

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

2. Principal Place of Business 3. Mailing Address  
**609 BUCHANAN ST. 609 BUCHANAN ST.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**DAVIS, CA DAVIS, CA**  
 Zip Country Zip Country  
**95616 95616**

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



DO NOT WRITE IN THIS SPACE

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.  **FILE NOW!!! FEE IS \$150.00**  
(See criteria on back) **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	<b>PSD WHEELER, DEAN W. 11015 SW 69 AVE RD MIAMI FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD WHEELER, DEAN W. 609 BUCHANAN ST. DAVIS, CA 95616</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WHEELER, PAUL A 11015 SW 69TH AVE RD MIAMI FL 33156</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WHEELER, PAUL A. 609 BUCHANAN ST. DAVIS, CA 95616</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KOENIG, BETH E 11015 SW 69TH AVE ST MIAMI FL 33156</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KOENIG, BETH E 609 BUCHANAN ST. DAVIS, CA 95616</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Dean W. Wheeler* **3 JAN., 02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)