

APPROVED AND FILED

AMENDED

01 JUL 12 AM 11:17

2001 UNIFORM BUSINESS REPORT (UBR) Amended

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000004700
1. Entity Name
 AGRA CORP.

Principal Place of Business **Mailing Address**

2617 N.W. 16th Street Road
 Miami, FL 33125

2. Principal Place of Business **3. Mailing Address**

2617 N.W. 16th Street Road
 Suite, Apt. #, etc.

City & State **City & State**

Miami, FL Miami, FL

Zip **Country** **Zip** **Country**

33125 USA 33125 USA

4. FEI Number **Applied For**

65-0383606 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

Jose Agra
 2617 N.W. 16th Street Road
 Miami, FL 33125

7. Name and Address of New Registered Agent

Name: Robert L. GARDANA, ESQ
 Street Address (P.O. Box Number is Not Acceptable): 9220 SW 72ND ST #203
 City: MIAMI FL Zip Code: 33173

DO NOT WRITE IN THIS SPACE

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: *Jeldrys Agra* JELDRYS AGRA DATE: 7/10/2001

Signatures of type or of kind not required when filing and title is applicable. (NOTE: Registered Agents cannot be required when registering.)

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 \$350.00 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		DPS	
STREET ADDRESS		NAME	JELDRYS AGRA
CITY- ST- ZIP		STREET ADDRESS	2617 N.W. 16th Street Road
DATE	<input type="checkbox"/> Delete	CITY- ST- ZIP	Miami, FL 33125
NAME		TITLE	DVPT
STREET ADDRESS		NAME	JOSE AGRA
CITY- ST- ZIP		STREET ADDRESS	2617 N.W. 16th Street Road
TITLE	<input type="checkbox"/> Delete	CITY- ST- ZIP	Miami, FL 33125
NAME		TITLE	
STREET ADDRESS		NAME	
CITY- ST- ZIP		STREET ADDRESS	
TITLE	<input type="checkbox"/> Delete	CITY- ST- ZIP	
NAME		TITLE	
STREET ADDRESS		NAME	
CITY- ST- ZIP		STREET ADDRESS	
TITLE	<input type="checkbox"/> Delete	CITY- ST- ZIP	
NAME		TITLE	
STREET ADDRESS		NAME	
CITY- ST- ZIP		STREET ADDRESS	
TITLE	<input type="checkbox"/> Delete	CITY- ST- ZIP	
NAME		TITLE	
STREET ADDRESS		NAME	
CITY- ST- ZIP		STREET ADDRESS	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jeldrys Agra* DATE: 7/11/2001

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. AGRA CORP. (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

Walk in

Pick up time 2:00

Certified Copy

Mail out

Will wait

Photocopy

Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input checked="" type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
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 DIVISION OF CORPORATION

Examiner's Initials