

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90206 016 \*\*\*150.00

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**DOCUMENT # F00000002178**

1. Entity Name  
**COMMERCIO.COM, INC.**

Principal Place of Business  
**C/O LOEB, BLOCK & PARTNERS LLP**  
**505 PARK AVENUE - 9TH FLOOR**  
**NEW YORK NY 10022**

Mailing Address  
**C/O LOEB, BLOCK & PARTNERS LLP**  
**505 PARK AVENUE - 9TH FLOOR**  
**NEW YORK NY 10022**

1 0 0 0 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>52-2219069</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**PEISACH, JAIME**  
**2999 N.E. 191ST STREET**  
**AVENTURA FL 33180**

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 \_\_\_\_\_ (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**  
**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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PEISACH, JAIME</b>	
STREET ADDRESS	<b>2999 N.E. 191ST STREET</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>PEISACH, ALBERTO</b>	
STREET ADDRESS	<b>2999 N.E. 191ST STREET</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>	
TITLE	<b>DAS</b>	<input type="checkbox"/> Delete
NAME	<b>PEISACH, CHERYL</b>	
STREET ADDRESS	<b>2999 N.E. 191ST STREET</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SELZER, HERBERT M</b>	
STREET ADDRESS	<b>505 PARK AVENUE, 9TH FLOOR</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	
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		

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 all addresses, with all other like empowered.

**SIGNATURE:** **HERBERT M. SELZER, SECRETARY 1/25/01 (212) 755-5510**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)