

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P94000045604**  
 1. Entity Name  
**Allied Commerce, Inc.**

**DO NOT WRITE IN THIS SPACE**

94031632

2. Principal Place of Business		3. Mailing Address	
<b>3250 NW 36th ST</b>		<b>1002 NE 196th ST</b>	
<b>Miami, FL</b>		<b>NM BCH, FL</b>	
<b>33142</b>	<b>USA</b>	<b>33179</b>	<b>USA</b>

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4. FEI Number <b>05-0500009</b>	Applied For: <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <b>SHKOLNIK BOELS</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>3250 NW 36th ST</b>	
City <b>Miami</b>	FL <b>33142</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and date if applicable. (NOTE: Required Agent signature required when necessary.)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
(See criteria on back)

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	<b>PLSD SHKOLNIK BOELS 1002 NE 196th ST NM BCH, FL 33179</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **Josec Per 3/1/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E0348 (12/01)