

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001620

1. Entity Name

AGRO COMMODITIES & CHEMICAL TRADING, LLC

FILED

May 30 2000 8:00 am

Secretary of State

Principal Place of Business

1591 E ATLANTIC BLVD  
SUITE 200  
POMPANO BEACH FL 33060

Mailing Address

1591 E ATLANTIC BLVD  
SUITE 200  
POMPANO BEACH FL 33060-6748

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

N/A

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INTERNATIONAL COMPANY SERVICES (USA) INC.

1591 E ATLANTIC BLVD  
SUITE 200  
POMPANO BEACH FL 33060

Name

CARLTON MANAGEMENT, INC

Street Address (P.O. Box Number is Not Acceptable)

SAME ADDRESS

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/00

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
MGRM TROFIMENKO, JAROSLAV  
STREET ADDRESS 6171/212 BATHURST ST  
CITY-ST-ZIP NORTH YORK ONTARIO CANADA M2R17-6

TITLE NAME ☐ Delete  
MGRM TCHERNEY, ANDREI  
STREET ADDRESS 5-11 TOLSTOY STREET  
CITY-ST-ZIP MOSCOW RUSSIA

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/26/00

954-943-1498

CR2E083 (9/99)