## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 27, 2000 8:00 am Secretary of State **DOCUMENT # M30026** COMMONWEALTH CHEMICAL TRADING, INC. 04-27-2000 90036 005 \*\*\*150.00 Mailing Address Principal Place of Business 2101 NW 33RD STREET # 900 2101 NW 33RD STREET # 900 POMPANO BCH FL 33069-5902 POMPANO BCH FL 33069 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0002482 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPERBER, MORRIS Street Address (P.O. Box Number is Not Acceptable) 2101 NW 33RD ST SUITE 900A POMPANO BCH FL 33069 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Change Delete TITLE NAME NAME SPERBER, MORRIS STREET ADDRESS STREET ADDRESS 2101 NW 33RD ST #900A CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7fP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

☐ Delete

☐ Change

☐ Addition