05/22/01 10:58 FAX 3059401910 UNIVERSAL COMM 002

04/30/01 13:40 FAX 3059401910 UNIVERSAL COMM 004

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

01 MAY 22 PM 12:09

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000068137

Atlantic Global Commodities

Principal Place of Business / Mailing Address

2. Principal Place of Business: 3467 NE 163 ST
Suite, Apt. #, etc.
City & State: NMB FL
Zip: 33160 Country: USA

3. Mailing Address: 3467 NE 163 ST
Suite, Apt. #, etc.
City & State: NMB FL
Zip: 33160 Country: USA

DO NOT WRITE IN THIS SPACE: 04-06-01 90039 050 $150.00

4. FEI Number: 65-1029691 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name: ELLEN SUE COHEN
Street Address (P.O. Box Number is Not Acceptable): 3467 NE 163 ST
City: N.M.B. FL Zip Code: 33160

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: Ellen Cohen Date: 5/4/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 $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	P	☐ Delete
NAME	Ellen Cohen	
STREET ADDRESS	20441 NE 30 Ave #410	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE	VP	☐ Delete
NAME	Steven Labell	
STREET ADDRESS	1251 NW 94 Ave	
CITY-ST-ZIP	Plantation, FL 33322	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	☐ Change ☒ Addition
NAME	Larry Kahn	
STREET ADDRESS	1041 NW 162 Ave	
CITY-ST-ZIP	Pembroke Pines, FL 33021	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

SB 5/22

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.

SIGNATURE: X Ellen Cohen   Ellen Cohen   5/4/01   8007491000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #