

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# **P000000068137**

1. Entity Name

Atlantic Global Commodities, INC

Principal Place of Business

Mailing Address

**700 N Hibiscus Rd #203
Pembroke Pines, FL
33026**

Same

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

65-1029091

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

**ELLEN SUE COHEN
3467 NE 163 St.
D. MIAMI Bch, FL
33160**

Name **Steven Labell**

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

700 N Hibiscus Rd #203

City **Pembroke Pines FL**

Zip **33026**

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 Sue Cohen**

Steven Labell

12/12/01

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

(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. (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES**
NAME **ELLEN COHEN**
STREET ADDRESS **20441 NE 30th AVE #410**
CITY-ST-ZIP **Aventura, FL 33180**

☒ Delete

TITLE **PRES**
NAME **Steven Labell**
STREET ADDRESS **1251 NW 94th AVE**
CITY-ST-ZIP **Plantation, FL 33322**

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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: **Steven Labell** **12/12/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (11/00)