

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90023 050 ***150.00

0254395 AV

DOCUMENT # P00000068137

1. Entity Name

ATLANTIC GLOBAL COMMODITIES, INC.

Principal Place of Business

3467 NE 163 ST
NORTH MIAMI BEACH FL 33160

Mailing Address

3467 NE 163 ST
NORTH MIAMI BEACH FL 33160

2. Principal Place of Business

700 N Hiatus Rd
Suite, Apt. #, etc.
203

3. Mailing Address

700 N Hiatus Rd
Suite, Apt. #, etc.
203

City & State

Pembroke Pines, FL

Zip

33026

Country

Broward

City & State

Pembroke Pines, FL

Zip

33026

Country

Broward



DO NOT WRITE IN THIS SPACE

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

COHEN, ELLEN S

3467 NE 163 ST

NORTH MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name

Steven Labell

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

1251 NW 94th AVE

City

Plantation

FL

Zip Code

33332

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] Steven Labell

3-21-02

(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, 2002 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	T	KAHN, LARRY	<input type="checkbox"/> Delete
NAME		1041 NW 162 AVE	
STREET ADDRESS		PEMBROKE PINES FL 33021	
CITY-ST-ZIP			

TITLE	V	LABELL, STEVEN	<input type="checkbox"/> Delete
NAME		1251 NW 94 AVE	
STREET ADDRESS		PLANTATION FL 33322	
CITY-ST-ZIP			

TITLE	P	COHEN, ELLEN	<input checked="" type="checkbox"/> Delete
NAME		20441 NE 30 AVE #410	
STREET ADDRESS		AVENTURA FL 33180	
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	VP	LARRY KAHN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1041 NW 162 AVE	
STREET ADDRESS		PEMBROKE PINES, FL	
CITY-ST-ZIP		33021	

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:

[Signature] Steven Labell

3-21-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)