2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

FILED Apr 03, 2001 8:00 am Secretary of State DOCUMENT # P00000103187 1. Entity Name COMMODITY INVESTORS GROUP, INC. 04-03-2001 90070 002 ***150.00 Principal Place of Business Mailing Address 1651 FORUM WAY 1651 FORUM WAY WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address 11911 U.S. HWY One Soite 20 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired __ -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **VELASTEGUI, CARLOS** Street Address (P.O. Box Number is Not Acceptable) 1651 FORUM WAY WEST PALM BEACH FL 33401 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Delete ☐ Addition TITLE TITLE VELASTEGUI, CARLOS NAME NAME STREET ADDRESS 1651 FORUM WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 President Delete TITLE ☐ Addition ALTIERI, THOMAS NAME ALTIERIE, TOMAS STREET ADDRESS 1651 FORUM WAY STREET ADDRESS North Palm Beach, FLorida 33408 CITY - ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP VICE - PRESIDENT ☐ Delete ☐ Addition TITLE TITLE NAME INGRAM, DOUGLAS NAME 11911 U.S. HWY ONE SUITE 201 STREET ADDRESS STREET ADDRESS 1651 FORUM WAY North Palm Beach, Fl. 33408 CITY-ST-ZIP CITY - ST-ZIP WEST PALM BEACH FL 33401 TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete hange TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.