

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016263

1. Entity Name

ALL COMMODITIES CORP.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90095 028 ***150.00

Principal Place of Business

600 BRICKELL AVE
 300 D
 MIAMI FL 33131
 US

Mailing Address

PO BOX 310698
 MIAMI FL 33231-0698
 US

2. Principal Place of Business

905 BRICKELL BAY DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1122

City & State

MIAMI, FL

City & State

Zip

33131

Country

US

Zip

Country

4. FEI Number

65-0817749

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

HERNANDEZ-YANKS, ANA
 21230 S.W. 97TH COURT
 MIAMI FL 33189

Name

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

City

FL

Zip Code

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, 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, 2000 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 ☐ Delete
 NAME D
 STREET ADDRESS RUSSOWSKY, RUBENS
 CITY-ST-ZIP 905 BRICKEL BAY DR UNIT 1122
 MIAMI FL 33131

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/00

Date

305-578-0041

Daytime Phone #

CR2E034 (9/99)