

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016263

1. Entity Name

ALL COMMODITIES CORP.

Principal Place of Business

905 BRICKELL BAY DRIVE
1122
MIAMI FL 33131
US

Mailing Address

PO BOX 310698
MIAMI FL 33231
US

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 65-0817749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name RUBENS RUCBOWSKY

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

905 BRICKELL BAY DRIVE

APT 1122

City

MIAMI

FL

Zip Code

33131

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, 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 PS ☐ Delete
NAME SOMLO, RODRIGO F
STREET ADDRESS RUA QUINTANA 753-8TH FL 04569-011
CITY-ST-ZIP SAO PAULO BRAZIL

TITLE VT ☐ Delete
NAME SOBRINHO, FERDINANDO M
STREET ADDRESS RUA QUINTANA 753-8TH FL 04569-011
CITY-ST-ZIP SAO PAULO BRAZIL

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 ☐ 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
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NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90341 034 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)