

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103244

1. Entity Name

U.S. COMMERCE SERVICE, CORP.

Principal Place of Business

PO BOX 970085  
COCONUT CREEK FL 33097

Mailing Address

PO BOX 970085  
COCONUT CREEK FL 33097

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

65-0880319

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

PEREZ, BEHAR & ASSOCIATES, INC.

13934 NW 1 AVENUE  
MIAMI FL 33168

Name

LOUIS A. RALEY, CPA

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

5713 N. STATE ROAD 7

City

COCONUT CREEK

FL

Zip Code

33097

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME RODRIGUEZ, ALEJANDRO  
STREET ADDRESS P.O. BOX 970085  
CITY-ST-ZIP COCONUT CREEK FL 33097

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD  
NAME RODRIGUEZ, ROSA  
STREET ADDRESS P.O. BOX 970085  
CITY-ST-ZIP COCONUT CREEK FL 33097

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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: X

ALEJANDRO RODRIGUEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

US98/12/

FILED  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90024 039 \*\*\*158.75