


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90465 046 ***150.00

DOCUMENT # P01000049475

1. Entity Name
A & C GLOBAL TRADING INC.



Principal Place of Business
**14404 SW 109 ST
MIAMI FL 33186**

Mailing Address
**14404 SW 109 ST
MIAMI FL 33186**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number
02-0575782

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**OSPINA, ALFREDY
14404 SW 109 ST
MIAMI FL 33186**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | OSPINA, ALFREDY | |
| STREET ADDRESS | 14404 SW 109 ST | |
| CITY-ST-ZIP | MIAMI FL 33186 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | OSPINA, ALEXANDER | |
| STREET ADDRESS | 14404 SW 109 ST | |
| CITY-ST-ZIP | MIAMI FL 33186 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | OSPINA, WILSON | |
| STREET ADDRESS | 14404 SW 109 ST | |
| CITY-ST-ZIP | MIAMI FL 33186 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | OSPINA, ALFRED L | |
| STREET ADDRESS | 14404 SW 109 ST | |
| CITY-ST-ZIP | MIAMI FL 33186 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PIEDRA, AIDEE J | |
| STREET ADDRESS | 14404 SW 109 ST | |
| CITY-ST-ZIP | MIAMI FL 33186 | |

11. 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 | | <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 | | |

12. 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 10 or Block 11 if changed, or on an attachment which is filed, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED

Date: **3/11/03**

Daytime Phone # _____

CR2E034 (10/02)