## FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91288 025 \*\*\*150.00

## UNIFORM BUSINESS REPORT (UBR P01000091109 DOCUMENT #

1. Entity Name

ATC TRADING, INC.



Name

Principal Place of Business 8567 CORAL WAY, #324 MIAMI FL 33155

MIAMI FL 33155

Mailing Address 8567 CORAL WAY, #324 MIAMI FL 33155

. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

2003 FOR PROFIT CORPORATION

11023476



CHECK HERE IF MAKING CHANGES

City & State		City & State		4. FEI Number 65-1138395		
Zip	Country	Zip	Country	5. Certificate of Status Desired		
	6. Name and Address of Curr	ent Registered Agent	T	7. Name and Address of New Registered Agent		

Not Applicable \$8.75 Additional Fee Required

CHUNG, CHU C			
8567 CORAL WAY	r, #324		

8. The above named entity submits this statement for the purpose of changing its req

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treet Address	(P.O. Box	Number	is Not /	Acceptab	ŀ

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

	City					FL	Zip Coo		
stere	ed office or	registered age	nt, or both	in the S	State of Florida	ı. I am far	niliar with,	and ac	cept

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

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

Applied For

OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition TITLE ☐ Delete ☐ Change CHUNG, CHU C NAME NAME 8567 CORAL WAY, #324 STREET ADDRESS STREET ADDRESS MIAMI FL 33155 CHTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET: ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete - -Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 with

SIGNATURE:

Date Daytime Phone #