

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G74636

1. Entity Name
A. C. TRADING, INC.

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90613 030 ***150.00

Principal Place of Business Mailing Address
~~12225 SW 133 CT~~ **NEW** ~~12525 SW 133 CT~~
MIAMI FL 33186 MIAMI FL 33155
US US

2. Principal Place of Business 3. Mailing Address
12209 SW 129 CT **12209 SW 129 CT**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami FL **Miami, FL**
Zip Country Zip Country
33186 USA **33186 USA**

4. FEI Number **59-2367162** 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

LICHTENSTEIN, ANA
7024 SW 103RD PLACE
MIAMI FL 33173

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

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 ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **VDS**
STREET ADDRESS **LICHTENSTEIN, HENRI**
CITY-ST-ZIP **7024 S.W. 103 PLACE**
MIAMI FL

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

TITLE ☐ Delete
NAME **PTD**
STREET ADDRESS **LICHTENSTEIN, ANA C.**
CITY-ST-ZIP **7024 S.W. 103 PLACE**
MIAMI FL

☐ Change ☐ Addition
TITLE
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CITY-ST-ZIP

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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: ANA LICHTENSTEIN 3-5-01 (305) 259-0053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)