

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90110 011 ***150.00

DOCUMENT # **K80543**

1. Entity Name
ALUMINUM TRADING AND CONSULTING CORPORATION



Principal Place of Business
% **MICHAEL A. ZURITA**
2526 LEMON TREE LANE
ORLANDO FL 32839-1061

Mailing Address
% **MICHAEL A. ZURITA**
2526 LEMON TREE LANE
ORLANDO FL 32839-1061



2. Principal Place of Business
14556 HUNTINGFIELD DR.

3. Mailing Address
14556 HUNTINGFIELD DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
ORLANDO - FLORIDA

City & State
ORLANDO - FLORIDA

4. FEI Number
59-2962782

Applied For
Not Applicable

Zip
32824

Country
U.S.A

Zip
32824

Country
U.S.A

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

ZURITA, MICHEAL A.
2526 LEMON TREE LANE
ORLANDO FL 32839

Name
ZURITA, MICHAEL A.
Street Address (P.O. Box Number is Not Acceptable)
14556 HUNTINGFIELD DRIVE
City **ORLANDO** FL **32824**

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

MICHAEL A. ZURITA

2-10-03

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LUNA, GUSTAVO	
STREET ADDRESS	AV PPAL LOS NARANJOS	
CITY-ST-ZIP	CARACAS, VENEZUELA	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZURITA, MANUEL ANTONIO	
STREET ADDRESS	104 TEMPTATION CT.	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	CABRERA, FRANCISCO	
STREET ADDRESS	TORRE BRITANICA-POSO Q ALTAMIRA	
CITY-ST-ZIP	CARACAS VE	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 with an address, with all other like empowered.

SIGNATURE: **MANUEL A. ZURITA 2-10-03 1-863-465-1345**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)