

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90185 041 \*\*\*150.00

**DOCUMENT # L97324**

1. Entity Name  
**A.I.C. TRADING CORP.**



Principal Place of Business  
**8566 NW 70 STREET  
MIAMI FL 33166  
US**

Mailing Address  
**8566 NW 70 STREET  
MIAMI FL 33166  
US**

2. Principal Place of Business  
**8020 NW 33 Street**

3. Mailing Address  
**8020 NW 33 Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number **65-0225782**

Applied For  
Not Applicable

Zip  
**33122**

Country  
**USA**

Zip  
**33122**

Country  
**USA**

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

☒ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**POSADA, JUAN D  
8566 NW 70 STREET  
MIAMI FL 33166**

**7. Name and Address of New Registered Agent**

Name **Juan Zapata**  
Street Address (P.O. Box Number is Not Acceptable)  
**8020 NW 33 Street**  
City **Miami** FL Zip Code **33122**

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 **Juan Zapata - Managing Director** **4/17/03**  
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** ☐ Delete  
NAME **BUITRAGO, JUAN DIEGO**  
STREET ADDRESS **8566 NW 70 STREET**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **D, P** ☒ Change ☐ Addition  
NAME **Juan Buitrago**  
STREET ADDRESS **8020 NW 33 Street**  
CITY-ST-ZIP **Miami, FL 33122**

TITLE **D** ☐ Delete  
NAME **ZAPATA, HERNAN**  
STREET ADDRESS **8566 NW 70 STREET**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **D, VP** ☒ Change ☐ Addition  
NAME **Hernan Zapata**  
STREET ADDRESS **8020 NW 33 Street**  
CITY-ST-ZIP **Miami, FL 33122**

TITLE **D** ☐ Delete  
NAME **POSADA, JUAN D**  
STREET ADDRESS **459 POINCIANA ISL DRIVE NORTH**  
CITY-ST-ZIP **MIAMI FL 33160**

TITLE **D** ☒ Change ☐ Addition  
NAME **Juan Posada**  
STREET ADDRESS **8020 NW 33 Street**  
CITY-ST-ZIP **Miami, FL 33122**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D, M** ☐ Change ☒ Addition  
NAME **Juan Zapata**  
STREET ADDRESS **8020 NW 33 Street**  
CITY-ST-ZIP **Miami, FL 33122**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/03**

**(305) 471-6110**

Date Daytime Phone #

CR2E034 (10/02)