

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000033327**

1. Entity Name

ACA TRADING, INC.**FILED****Feb 05, 2000 8:00 am**
Secretary of State

02-05-2000 90050 018 ***150.00

Principal Place of Business

1402 NW 82ND AVE
MIAMI FL 33126

Mailing Address

1402 NW 82ND AVE
MIAMI FL 33166-6666

2. Principal Place of Business

8338 NW 68 St

Suite, Apt. #, etc.

3. Mailing Address

8338 NW 68 St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI- FL

City & State

MIAMI- FL.

4. FEI Number

65-0743964

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****CARABALLO, MARIA T**
312 WESTWOOD DR
#1
MIAMI SPRINGS FL 33166**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **P** ☐ Delete
NAME **ABBATE, ANTONIO C**
STREET ADDRESS **312 WESTWOOD DR #1**
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Add
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CITY-ST-ZIPTITLE ☐ Change ☐ Add
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
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:**Maria T. Caraballo** resident agent Feb 1/00 (305) 437-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #