

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000033327**

1. Entity Name

**ACA TRADING, Inc.**

**FILED**  
**Jul 01, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91750 021 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

**37128**

2. Principal Place of Business

**5421 NW 74 AVE**

Suite, Apt. #, etc.

3. Mailing Address

**5421 NW 74 AVE**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**MIAMI, FL, 3**

City & State

**MIAMI, FL**

4. FEI Number

**65-0743964**

Applied For

Not Applicable

Zip

**33166**

Country

**USA**

Zip

**33166**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**Maria T. Caraballo**

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

**5421 NW 74 Ave**

City

**Miami FL**

FL

Zip Code

**33166**

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

**Maria T. Caraballo**

Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reconstituting)

**June 24, 02**

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

Uniformity: May 1st Fee: \$150.00

After May 1st Fee: \$550.00

Amended UBR: 03/01/05

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>
NAME	<b>ABBATE, Antonio C</b>
STREET ADDRESS	<b>5421 NW 74 AVE</b>
CITY-ST-ZIP	<b>MIAMI, FL 33166</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Maria T. Caraballo** / **MARIA T. CARABALLO (305) 863.2267**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Device Phone