

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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)