

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90027 031 ***150.00

DOCUMENT # 188204

1. Entity Name

MIAMI WASTE PAPER CO INC



Principal Place of Business

2120 N.W. 14TH AVE.
P.O. BOX 420854
MIAMI FL 33142

Mailing Address

2120 N.W. 14TH AVE.
P.O. BOX 420854
MIAMI FL 33142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number **59-0761602**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOVAS, BETTY
2120 NW 14TH AVE
MIAMI FL

7. Name and Address of New Registered Agent

Name

Atrium Registered Agents, Inc.

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

1500 San Remo Avenue #125

City

Coral Gables

FL

Zip Code

33146

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

X Atrium Registered Agents, Inc.
X Robert O. Steiner, V.P.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/7/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE PD ☐ Delete
NAME NOVAS, BETTY
STREET ADDRESS 2120 NW 14 AVENUE
CITY-ST-ZIP MIAMI FL 33142

TITLE D ☐ Delete
NAME KOPSTEIN, SADIE
STREET ADDRESS 2120 NW 14 AVENUE
CITY-ST-ZIP MIAMI FL 33142

TITLE D ☐ Delete
NAME NOVAS, RONALD J.
STREET ADDRESS 2120 NW 14 AVENUE
CITY-ST-ZIP MIAMI FL 33142

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME *Ronald T Novas*
STREET ADDRESS *2120 NW 14 AVE*
CITY-ST-ZIP *Miami, FL 33142*

TITLE ☐ Change ☒ Addition
NAME *David Novas*
STREET ADDRESS *2120 NW 14 Avenue*
CITY-ST-ZIP *Miami, FL 33142*

TITLE ☐ Change ☒ Addition
NAME *Gladys Iglesia*
STREET ADDRESS *2120 NW 14 AVE*
CITY-ST-ZIP *Miami, FL 33142*

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: *X Ronald J Novas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald J Novas

3/7/05

305-325-0860

Date

Daytime Phone #