2002 UNIFORM BUSINESS REPORT (UBR)

000011408 AT

DOCUMENT # A22138

1. Entity Name

NATIONAL RESOURCE RECOVERY LTD.

FILED

02 MAY -6 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3250 FIELD RD. DAVIE FL 33329-2037	P.O. BOX 292037 DAVIE FL 33329-2037

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 59-2640342 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PORTLEY, PETER A.
211 E. SAMPLE ROAD, #204
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

Name FORMAN, M. AUSTIN

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

888 SE THIRD AVE, STE 501

City FT LAUDERDALE FL Zip Code 33316

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 M. Austin Forman, Pres. DATE 4/23/02
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$40,000.00	0	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	643059	STREET ADDRESS	
NAME	MARKETING AND MANAGEMENT SERVICES, INC.	CITY-ST-ZIP	
STREET ADDRESS	% PETER A PORTLEY 2401 E ATLATIC BLVD #410		
CITY-ST-ZIP	POMPANO BEACH FL 33062		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	600005577206--9
NAME		CITY-ST-ZIP	-05/21/02--01057--013
STREET ADDRESS			****141.25 ****141.25
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/01)

STAPLE CHECK HERE

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED 4/23/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #