2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 22, 2000 8:00 am Secretary of State DOCUMENT # **P99000038837** 1. Entity Name REBUILDERS, RECYCLING, INC. 08-22-2000 90002 010 ***550.00 Principal Place of Business Mailing Address -4500-04K8-TIOAD 4500 OAKS ROAD DAVIE FL 33314 DAVIE FL 33314 A0073741 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4: FEI Number 65-0945716 Applied For City & State City & State Not Applicable _Zip_ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MANES, MICHAEL B Street Address (P.O. Box Number is Not Acceptable) 633 S. FEDERAL HWY. SUITE 300A FT. LAUDERDALE FL 33301 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ₽D Change ■ Addition TITLE Delete TITLE DEMARZO, FRANK NAME NAME STREET ADDRESS 8971 N.W. 13TH COURT STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-7IP Change Addition Delete TITLE TITLE DEMARZO, JEANIE NAME 8971 N.W. 13TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP Delete Change TITLE DANIELLE. NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZiP CITY-ST-ZIP Change ☐ Addition TITI F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 of the exemption of the receiver of the exemption of the corporation or the receiver of the exemption of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report as if made under oath; that I am an officer or director of the corporation or the receiver of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report as if made under oath; that I am an officer or director of the corporation or the receiver of the exemption of th

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

9-17-00

954-5876022

Daytime Phone #