

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90250 016 ***150.00

DOCUMENT # *P99000038837*

1. Entity Name

Rebuilders, Recycling, Inc.



DO NOT WRITE IN THIS SPACE

11017485

2. Principal Place of Business
4500 Oakes Road

3. Mailing Address
4000 S.W. 47 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#6

DO NOT WRITE IN THIS SPACE

City & State
Davie, Florida

City & State
Davie, Florida

4. FEI Number
65-0945716

Applied For
Not Applicable

Zip
33314

Country
USA

Zip
33314

Country
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

Name
Michael B. Manes

Street Address (P.O. Box Number is Not Acceptable)
633 S Federal Highway

Suite 300A

City Fort Lauderdale

FL 33301

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PO
Frank DeMarzo
8971 NW 13 Court
Coral Springs, Florida 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VO
Jeannie DeMarzo
8971 NW 13 Court
Coral Springs, Florida 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SOD
Cathy Davie Danielle
424 Hendrick Isle #11
Fort Lauderdale, Florida 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE: *Jeannie DeMarzo* *Jeannie DeMarzo* 4/23/03 954-587-6822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)