

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007237

Entity Name: RETHINK AND REUSE CENTER, INC.**Current Principal Place of Business:**4548 SW 75TH AVE
MIAMI, FL 33155**Current Mailing Address:**7240 SW 60 STREET
MIAMI, FL 33143**FEI Number:** 43-2063901**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ROSEN, MICHELE W
7240 S.W. 60TH ST.
MIAMI, FL 33143 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DIRECTOR
Name KATSIKAS, GREGORY
Address 2699 SO BAYSHORE DR
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name LINES, MATTHEW
Address 1200 BRICKELL AVE, SUITE 1900
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name MISKA, SIMA
Address 12835 SW 75TH AVE
City-State-Zip: PINECREST FL 33156

Title CHAIRMAN
Name OTERO VALDÉS, MICHELLE
Address 4548 SW 75TH AVE
City-State-Zip: MIAMI FL 33155

Title DIRECTOR
Name ALFARO, SARA
Address 6347 NW 99TH AVENUE
City-State-Zip: DORAL FL 33178

Title DIRECTOR
Name GARTE, GINGER
Address 4548 SW 75TH AVE
City-State-Zip: MIAMI FL 33155

Title DIRECTOR
Name WILLIAMS, ADON
Address 3095 NE 190 ST
20
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR
Name HEITNER, ANDREW
Address 805 MESSINA AVE
City-State-Zip: CORAL GABLES FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHELLE OTERO VALDÉS**CHAIRMAN****04/21/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date