

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000932

Entity Name: SOUTH FLORIDA REUSE AND RECYCLING INSTITUTE INC.**Current Principal Place of Business:**1100 NW 53 STREET
1
FORT LAUDERDALE, FL 33309**Current Mailing Address:**1100 NW 53 STREET
1
FORT LAUDERDALE, FL 33309 US**FEI Number:** 54-2169027**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HEIMBACH, MICHAEL J
1100 NW 53 STREET
FORT LAUDERDALE, FL 33309 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 BURTON, MARYBETH
Address 1100 NW 53 ST, #1
City-State-Zip: FORT LAUDERDALE FL 33309

Title VP
Name MAX, LISA
Address 1100 NW 53 STREET, #1
City-State-Zip: FORT LAUDERDALE FL 33309

Title TREA
Name HEIMBACH, MICHAEL
Address 1100 NW 53 STREET, #1
City-State-Zip: FT. LAUDERDALE FL 33309

Title SECRETARY
Name LEONA, MCANDREWS
Address 1100 NW 53 ST, #1
City-State-Zip: FORT LAUDERDALE FL 33309

Title PRES
Name NANETTE, SAYLOR
Address 1100 NW 53 ST, #1
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIR
Name ECKELS, CASEY
Address 1100 NW 53 STREET, #1
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIRECTOR
Name BATLLE, PILAR
Address 1100 NW 53 STREET
1
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIRECTOR
Name MOURRA, CARLINE
Address 1100 NW 53 STREET
1
City-State-Zip: FORT LAUDERDALE FL 33309

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: MICHAEL HEIMBACH**DIRECTOR****01/21/2013**

Electronic Signature of Signing Officer/Director Detail

Date