

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000009500

**Entity Name:** RECYCLELIFE, CORP

**Current Principal Place of Business:**

6102 COLONIAL DRIVE  
MARGATE, FL 33063-5656

**Current Mailing Address:**

6102 COLONIAL DRIVE  
MARGATE, FL 33063-5656 US

**FEI Number:** 37-1871020

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RELVA, NEIDE V  
6102 COLONIAL DRIVE  
MARGATE, FL 33063 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 D  
Name LOPES, ROSELI  
Address 173 WEST LAUREL DRIVE  
City-State-Zip: MARGATE FL 33063

Title D  
Name BRINO, HERLY  
Address 10164 NW 33RD STREET  
City-State-Zip: CORAL SPRINGS FL 33065

Title D  
Name ARAUJO, MARINEIDE C  
Address 22333 SW 66TH AVENUE APT 104  
City-State-Zip: BOCA RATON FL 33428

Title D  
Name DE CASTRO, TATIANA  
Address 6218 SW 7TH CT  
City-State-Zip: MARGATE FL 33068

Title DIRECTOR  
Name RELVA, NEIDE VENTRE  
Address 6102 COLONIAL DRIVE  
City-State-Zip: MARGATE FL 33063

*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:** NEIDE VENTRE RELVA

**DIRECTOR**

**04/09/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date