# 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BEN SHANE

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# F21319

Entity Name: FINER SCRAP PROCESSORS OF TAMPA, INC.

## Current Principal Place of Business:

3204 FIFTH AVE. TAMPA, FL 33605

### **Current Mailing Address:**

3204 FIFTH AVE. P. O. BOX 75336 TAMPA, FL 33605

# FEI Number: 59-2073711

Name and Address of Current Registered Agent:

FINER, MICHAEL 3204 E 5TH AVE TAMPA, FL 33605 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

# Officer/Director Detail :

Title	VD	Title	DP
Name	FINER, SIDNEY	Name	FINER, MICHAEL
Address	13619 LYTTON WAY	Address	13615 LYTTON WAY
City-State-Zip:	TAMPA, FL 33624	City-State-Zip:	TAMPA, FL 33624

FILED Mar 28, 2013 Secretary of State CC5354097105

Date

Certificate of Status Desired: No

BUSINESS MANAGER 03/28/2013

Date