

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000019654

Entity Name: RECYPOLY INC.

Current Principal Place of Business:

20900 NE 30TH AVENUE
SUITE 200-06
AVENTURA, FL 33180-2100

Current Mailing Address:

20900 NE 30TH AVENUE
SUITE 200-06
AVENTURA, FL 33180-2100

FEI Number: 46-2596985

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.
8950 SOUTHWEST 74TH COURT
SUITE 1901
MIAMI, FL 33156 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 PRESIDENT, CEO, DIRECTOR
Name SZKOLNIK, JOHN
Address 20900 NE 30TH AVENUE
 SUITE 200-06
City-State-Zip: AVENTURA FL 33180-2100

Title VP, COO, DIRECTOR
Name SZKOLNIK, EDUARDO
Address 20900 NE 30TH AVENUE
 SUITE 200-06
City-State-Zip: AVENTURA FL 33180-2100

Title TREASURER, DIRECTOR
Name SZKOLNIK, JACOBO
Address 20900 NE 30TH AVENUE
 SUITE 200-06
City-State-Zip: AVENTURA FL 33180-2100

Title SECRETARY, DIRECTOR
Name MORGENSTERN, DAVID
Address 20900 NE 30TH AVENUE
 SUITE 200-06
City-State-Zip: AVENTURA FL 33180-2100

Title VP, DIRECTOR
Name SZKOLNIK, RONALD
Address 20900 NE 30TH AVENUE
 SUITE 200-06
City-State-Zip: AVENTURA FL 33180-2100

Title DIRECTOR
Name CHALEM, MARILYN
Address 20900 NE 30TH AVENUE
 SUITE 200-06
City-State-Zip: AVENTURA FL 33180-2100

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: JOHN SZKOLNIK

CEO

03/21/2017

Electronic Signature of Signing Officer/Director Detail

Date