

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90164 007 ***150.00

DOCUMENT # 648017

1. Entity Name
SOUTHEAST (U S) RECYCLING CORP.



Principal Place of Business
**7360 NW 35TH AVE.
MIAMI FL 33147**

Mailing Address
**P.O. BOX 660098
MIAMI SPRINGS FL 33266**

2. Principal Place of Business

3. Mailing Address

7360 NW 35th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
miami, FL

4. FEI Number
59-2058913

Applied For
Not Applicable

Zip

Country

Zip

Country

33147

USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGOVERN, JOHN W
7360 NW 35TH AVE.
MIAMI FL 33147**

Name
Calvin Theobald
Street Address (P.O. Box Number is Not Acceptable)
7360 NW 35th Ave
City
miami **FL** Zip Code
33147

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/10/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS MCGOVERN, JOHN W
7360 NW 35TH AVE
MIAMI FL 33147** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS Calvin Theobald
7360 NW 35th Ave
miami, FL 33147** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03 **305-491-2982**
Date Daytime Phone #

CR2E034 (10/02)