2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

May 04, 2001 8:00 am Secretary of State **DOCUMENT # 698168** SIMCO RECYCLING CORP., INC. 05-04-2001 90050 030 ***150.00 Principal Place of Business Mailing Address 7320 NE 1ST PLACE 7320 NE 1ST PLACE P O BOX 380908 P O BOX 380908 MIAMI FL 33138 MIAMI FL 33138 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2120180 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KUBLIN, ALVIN E. Street Address (P.O. Box Number is Not Acceptable) **5200 WHITE OAK LANE** TAMARAC FL 33319 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE ☐ Addition KUBLIN, AL NAME NAME 5200 WHITE OAK LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC FL CITY-ST-ZIP ☐ Defete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI S ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP oplied with this filing toos not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information half poort 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 used empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information as indicated on this report or supplemen

empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR