

2001 UNIFORM BUSINESS REPORT (UBR)

000849 AF

DOCUMENT # **A99000001324**

1. Entity Name

RESOURCES FOR ENVIRONMENTAL PROTECTION LTD.

Principal Place of Business

**109 OCEAN TERRACE
PALM BEACH FL 33480**

Mailing Address

**109 OCEAN TERRACE
PALM BEACH FL 33480**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0936136

Applied For

Not Applicable

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

**MARTINO, JOEL
109 OCEAN TERRACE
PALM BEACH FL 33480**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

9. Capital Contributions
as Shown on record.

\$4,072,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**MARTINO, JUNE
1575 N. OCEAN
PALM BEACH FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**MARTINO, JOEL
109 OCEAN TERRACE
PALM BEACH FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**MARTINO, JOHN
1 NORTH INDIAN KNOLL
WEST CHICAGO IL**

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

300003819703 1
03/09/01-01007-017
******526.25 ****526.25**

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Joel Martino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-15-01
Date

381-842-9063
Daytime Phone #

CR2E003 (11/00)