

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90293 027 ***150.00

DOCUMENT # F00000001243

1. Entity Name

MIAMI RECYCLING AND COMPOSTING COMPANY, INC.

Principal Place of Business

Mailing Address

C/O COMPOST AMERICA HOLDING COMPANY, INC.
 ONE GATEWAY CENTER, 25TH FLOOR
 NEWARK NJ 07102

C/O COMPOST AMERICA HOLDING COMPANY, INC.
 ONE GATEWAY CENTER, 25TH FLOOR
 NEWARK NJ 07102

% Phoenix Waste Services Co., Inc.

2. Principal Place of Business

60 Park Place

3. Mailing Address

60 Park Place

Suite, Apt. #, etc.

Suite 509

Suite, Apt. #, etc.

Suite 509

City & State

Newark, NJ

City & State

Newark, NJ

4. FEI Number

23-2826090

Applied For

Not Applicable

Zip

07102

Country

USA

Zip

07102

Country

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
 NAME **PTCD TUTTLE, ROGER**
 STREET ADDRESS **ONE GATEWAY CENTER, 25TH FLOOR**
 CITY-ST-ZIP **NEWARK NJ 07102**

TITLE ☐ Change ☒ Addition
 NAME **Pres and Dir Marvin H. Roseman**
 STREET ADDRESS **60 Park Place Ste 509**
 CITY-ST-ZIP **Newark, NJ 07102**

TITLE ☒ Delete
 NAME **SD DILEO, PATRICK**
 STREET ADDRESS **ONE GATEWAY CENTER, 25TH FLOOR**
 CITY-ST-ZIP **NEWARK NJ 07102**

TITLE ☐ Change ☒ Addition
 NAME **Secretary Richard L. Franks**
 STREET ADDRESS **60 Park Place Ste 509**
 CITY-ST-ZIP **Newark, NJ 07102**

TITLE ☒ Delete
 NAME **D ANDERSON, G. CHRIS**
 STREET ADDRESS **1130 AVE. OF THE AMERICAS, 36TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY 10019**

TITLE ☐ Change ☒ Addition
 NAME **Director Charles R. Carson**
 STREET ADDRESS **60 Park Place Ste 509**
 CITY-ST-ZIP **Newark, NJ 07102**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Director John T. Shea**
 STREET ADDRESS **60 Park Place Ste 509**
 CITY-ST-ZIP **Newark, NJ 07102**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Director Peter Petrillo**
 STREET ADDRESS **60 Park Place Ste 509**
 CITY-ST-ZIP **Newark, NJ 07102**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

973-297-5400

Daytime Phone #

EXT 16

CR2E034 (10/00)