

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001848

1. Entity Name

PALLET RECYCLING TECHNOLOGIES, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91355 028 ***158.75

Principal Place of Business

Mailing Address

~~2000 W SAMPLE~~

~~2000 W SAMPLE~~

~~#202~~

~~#202~~

~~POMPANO BEACH FL 33073~~

~~POMPANO BEACH FL 33073~~

~~US~~

~~US~~

2. Principal Place of Business

3. Mailing Address

2855 N. UNIVERSITY DR

2855 N. UNIVERSITY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#510

#510

City & State

City & State

CONAL SPRINGS

CONAL SPRINGS

Zip

Zip

33065

33065

Country

Country

BROWARD

BROWARD

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALLET MANAGEMENT SYSTEMS, INC.

Name

2855 N. UNIVERSITY DR.

#510

CONAL SPRINGS FL 33065

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 P ☐ Delete
NAME RICHARDSON, ZACHARY M
STREET ADDRESS ~~2300 W SAMPLE #202~~
CITY-ST-ZIP ~~POMPANO BEACH FL 33073~~

TITLE ☐ Change ☐ Addition
NAME 2855 N. UNIVERSITY DR.
STREET ADDRESS #510
CITY-ST-ZIP CONAL SPRINGS FL 33067

TITLE C ☐ Delete
NAME JOHN, LUCY III
STREET ADDRESS PO BOX 9
CITY-ST-ZIP GASBURG VA

TITLE ☐ Change ☐ Addition
NAME ~~MANC STERNBERG~~
STREET ADDRESS ~~2855 N. UNIVERSITY DR~~
CITY-ST-ZIP ~~#510~~

TITLE VP ☐ Delete
NAME MANC STERNBERG
STREET ADDRESS 2855 N. UNIVERSITY DR
CITY-ST-ZIP #510

TITLE ☐ Change ☒ Addition
NAME MANC STERNBERG
STREET ADDRESS ~~2855 N. UNIVERSITY DR~~
CITY-ST-ZIP ~~#510~~

TITLE ☐ Delete
NAME CONAL SPRINGS FL
STREET ADDRESS 33067
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 reports 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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01 954
3401240

Date Daytime Phone #

CR2E034 (10/00)