

2000 UNIFORM BUSINESS REPORT (UBR)

060782

DOCUMENT # **G57157**
 1. Entity Name **Reuter Recycling of Florida, Inc.**

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAY 11 PM 1:43

Principal Place of Business Mailing Address

2. Principal Place of Business **1001 Fannin Suite 4000 Houston TX 77002 USA**
 3. Mailing Address **1001 Fannin Suite 4000 Houston TX 77002 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2376090** Applied For ☐ Not Applicable ☐
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 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 _____ (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, 2000 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	President	<input type="checkbox"/> Delete	TITLE	700003273427-12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller Matthews		NAME	-06/01/00--01048--001	
STREET ADDRESS	1001 Fannin Ste 4000		STREET ADDRESS	***7650.00 ***150.00	
CITY-ST-ZIP	Houston TX 77002		CITY-ST-ZIP		
TITLE	Secretary & Sole Director	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bryan J. Blankfield		NAME		
STREET ADDRESS	1001 Fannin Ste 4000		STREET ADDRESS		
CITY-ST-ZIP	Houston TX 77002		CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald Jones		NAME		
STREET ADDRESS	1001 Fannin Ste 4000		STREET ADDRESS		
CITY-ST-ZIP	Houston TX 77002		CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Simpson		NAME		
STREET ADDRESS	1001 Fannin Suite 4000		STREET ADDRESS		
CITY-ST-ZIP	Houston TX 77002		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Asst Sec	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Robert G. Simpson** **Robert G. Simpson** **4/19/2000** **7135126504**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #