

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90064 039 ***150.00

DOCUMENT # K11067

1. Entity Name

VOLUME REDUCTION SYSTEMS, INC.

Principal Place of Business

Mailing Address

18151 NE 31 COURT
 PENTHOUSE 117
 N. MIAMI BEACH FL 33160
 US

6550 N. FEDERAL HIGHWAY
 SUITE 340
 FORT LAUDERDALE FL 33308-1400

UUU47062



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3520 OAKS WAY #909

3520 OAKS WAY #909

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPLANO BCH FL

City & State

POMPLANO BCH FL

Zip

33069

Country

BROWARD

Zip

33069

Country

BROWARD

4. FEI Number

65-0027871

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

FRIEDMAN, BENJAMIN
6550 N. FEDERAL HWY
SUITE 340
FORT LAUDERDALE FL 33308

Name

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

3520 OAKS WAY #909

City

POMPLANO BCH

FL

Zip Code

33069

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, 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	PD	<input type="checkbox"/> Delete
NAME	FRIEDMAN, BENJAMIN	
STREET ADDRESS	18151 NE 31ST CT, PH 117	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRIEDMAN, BENJAMIN	
STREET ADDRESS	18151 N.E. 31 CT. PH 117	
CITY-ST-ZIP	N. MIAMI BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3520 OAKS WAY #909	
STREET ADDRESS	POMPLANO BCH FL	
CITY-ST-ZIP	33069	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3520 OAKS WAY #909	
STREET ADDRESS	POMPLANO BCH FL	
CITY-ST-ZIP	33069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20014 (1/99)