

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M70314

1. Entity Name

FLORIDA RECYCLING CORPORATION

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90467 031 ***150.00

Principal Place of Business

% AMERICAN FARMS LTD.
P.O. BOX 990027
NAPLES FL 33999-6060

Mailing Address

% AMERICAN FARMS LTD.
P.O. BOX 990027
NAPLES FL 34116-6060

2. Principal Place of Business

C/o American Farms

3. Mailing Address

% American Farms

Suite, Apt. #, etc.

P.O. Box 990490

Suite, Apt. #, etc.

P.O. Box 990490

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-2875919

Applied For

Not Applicable

Zip

34116-6060

Country

US

Zip

34116-6060

Country

US

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

SOMOZA, ALVARO
1484 KEAN AVENUE SW
NAPLES FL 33964

Name Christine Somoza

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

C/o American Farms Ltd

1484 Kean Ave S.W

City Naples

FL

Zip Code 34117

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

Christine Somoza Christine Somoza

1/3/00

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	P	<input type="checkbox"/> Delete
NAME	SOMOZA, ALVARO	
STREET ADDRESS	4709 VIA CARMEN	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SOMOZA, CHRISTINE	
STREET ADDRESS	4709 VIA CARMEN	
CITY-ST-ZIP	NAPLES 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	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christine Somoza	
STREET ADDRESS	4709 Via Carmen	
CITY-ST-ZIP	Naples, FL. 34105	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM PUGH	
STREET ADDRESS	1801 23rd St. S.W	
CITY-ST-ZIP	Naples, FL. 34117	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEX SALAZAR JR.	
STREET ADDRESS	2124 PICCADILLY CIRCUS	
CITY-ST-ZIP	NAPLES, FL. 34112	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEX SALAZAR JR	
STREET ADDRESS	15603 S.W. 96th TER.	
CITY-ST-ZIP	MIAMI, FL. 33196	
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 like empowered.

SIGNATURE:

Christine Somoza

1/3/00

941-455-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)