

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000601

1. Entity Name

ADVANCED ENVIRONMENTAL RECYCLING COMPANY, L.L.C.

FILED

00 MAR 14 PM 4: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3 GOLD MINE ROAD FLNDERS NJ 07836	Mailing Address 3 GOLD MINE ROAD FLANDERS NJ 07836-9144
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 23-2873579	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

SOLDANO, FRANK JR.  
C/O MERCURY TECHNOLOGIES INTERNATIONAL  
4317-J FORTUNE PLACE  
WEST MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name JAMES KINSTON C/O MTI  
Street Address (P.O. Box Number is Not Acceptable)  
4317-J Fortune Place  
City West Melbourne FL Zip Code 32901

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 <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.	<u>Production Manager</u> (NOTE: Registered Agent signature required when reinstating)	<u>7 Mar 00</u> DATE
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**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete MGR ADVANCED ENVIRONMENTAL RECYCLING CORP. 3 GOLD MINE ROAD FLNDERS NJ 07836
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER	<u>11/3/00</u> Date	<u>610-797-7609</u> Daytime Phone #
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CR2E083 (9/99)