

3/20/

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90025 044 \*\*\*\*61.25

**DOCUMENT # N00000000310**

1. Entity Name

**ENVIRONMENTAL RECOVERY & DEVELOPMENT GROUP, INC.**

Principal Place of Business

Mailing Address

200 NE 48TH TERR.  
MIAMI FL 33137200 NE 48TH TERR.  
MIAMI FL 33137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

31-1713861

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JEREMIE, EMMANUEL  
17890 W. DIXIE HWY.  
NORTH MIAMI BCH FL 33160

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES	<input type="checkbox"/> Delete
NAME	MARY J WARD	
STREET ADDRESS	200 NE 48TH TERR	
CITY-ST-ZIP	MIAMI FL 33137	

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY J WARD	
STREET ADDRESS	200 NE 48TH TERR	
CITY-ST-ZIP	MIAMI, FL 33137	

TITLE	VICE PRES	<input type="checkbox"/> Delete
NAME	Charles Sanchez	
STREET ADDRESS	14125 North Road #11	
CITY-ST-ZIP	Loxahatchee FL 33470	

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Sanchez	
STREET ADDRESS	14125 NORTH ROAD # 11	
CITY-ST-ZIP	Loxahatchee FL 33470	

TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	Emmanuel JEREMIE	
STREET ADDRESS	17890 W. DIXIE HWY	
CITY-ST-ZIP	N. MIAMI BCH FL 33160	

TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Emmanuel JEREMIE	
STREET ADDRESS	17890 W DIXIE HWY	
CITY-ST-ZIP	N. MIAMI BCH FL 33160	

TITLE		<input type="checkbox"/> Delete
NAME	Albert Pimental	
STREET ADDRESS	670 NE 77TH ST	
CITY-ST-ZIP	MIAMI FL 33138	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Albert Pimental	
STREET ADDRESS	670 NE 77TH ST	
CITY-ST-ZIP	MIAMI FL 33138	

TITLE		<input type="checkbox"/> Delete
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY J WARD

Date

2/27/01

Daytime Phone #

305-688-0811

CR2E037 (10/00)