## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 06, 2002 8:00 am Secretary of State **DOCUMENT # N0000000310** 05-06-2002 90121 009 \*\*\*\*61.25 ENVIRONMENTAL RECOVERY & DEVELOPMENT GROUP, INC. Principal Place of Business Mailing Address 200 NE 48TH TERR. 200 NE 48TH TERR. MIAMI FL 33137 **MIAMI FL 33137** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 31-1713861 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JEREMIE, EMMANUEL 17890 W. DIXIE HWY. NORTH MIAMI BCH FL 33160 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 Make Check Payable to 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD (9/01) ☐ Delete TITLE ☐ Change ■ Addition WARD, MARY J NAME NAME STREET ADDRESS 200 NE 48TH TERR STREET ADDRESS CITY-ST-7IP **MIAMI FL 33137** CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition SANCHEZ, CHARLES NAME STREET ADDRESS 14125 NORTH ROAD 11 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOXAHATCHEE FL 33470 TD ☐ Delete TITLE ☐ Change ☐ Addition NAME jeremie. Emmanuel NAME STREET ADDRESS 17890 W DIXIE HWY STREET ADDRESS CITY-ST-ZIP N MIAMI BEACH FL 33160 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Pumienta, albert NAME STREET ADDRESS 670 NE 77TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33138 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

**FILED** 

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